EXTENDED TO NOVEMBER 16, 2020

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2019 calendar year, or tax year beginning	and	l ending	-	
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addre chang		UNDATION, INC.			
	Name chang	e Doing business as			26-14416	50
	Initial return Final return	Number and street (or P.O. box if mail is not delived 1350 BROADWAY	E Telephone numbe 646-341-			
	termin ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	20,641,870.
	Amen	NEW TORK, NI 10010			H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer.	MARIE DOUGHER	YTY	for subordinates	
		SAME AS C ABOVE	4		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() ◀ te: ► WWW • BOBWOODRUFFFOUNDATI	(insert no.) 4947(a)(1)	or 527	┥,	list. (see instructions)
			ociation Other	I Voor	H(c) Group exemption	n number ► ↑ State of legal domicile: NY
	art I		ociation other	L Year	or formation. 2007	A State of legal domicile. IN I
	$\overline{\Box}$	Briefly describe the organization's mission or most s	significant activities: FIND	. FUNI	D. & SHAPE P	ROGRAMS
Governance	'	THAT HELP VETERANS, SERVICE	E MEMBERS & TH	EIR FA	AMILIES THRI	VE.
rna	2	Check this box if the organization discont				
ove	3	Number of voting members of the governing body (I	•		3	14
ত	4	Number of independent voting members of the government				14
Activities &	5	Total number of individuals employed in calendar ye	ear 2019 (Part V, line 2a)		5	27
Ĭ	6	Total number of volunteers (estimate if necessary)			6	150
Act	7 a	Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 9	90-T, line 39	·····		0.
					Prior Year	Current Year 20,152,162.
ne	8	Contributions and grants (Part VIII, line 1h)			16,611,564.	0.
Revenue	9				1,710.	1,394.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			96,827.	
		Total revenue - add lines 8 through 11 (must equal F			16,710,101.	
	_	Grants and similar amounts paid (Part IX, column (A			5,822,294.	6,332,686.
		Benefits paid to or for members (Part IX, column (A)			0.	0.
ý	1	Salaries, other compensation, employee benefits (P			2,485,634.	2,649,354.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir			2,018.	0.
É	ь	Total fundraising expenses (Part IX, column (D), line	25) ▶ 856,8	70.		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		4,264,771.	
		Total expenses. Add lines 13-17 (must equal Part IX			12,574,717.	
	19	Revenue less expenses. Subtract line 18 from line 1	2		4,135,384.	7,674,875.
Net Assets or	3			В	eginning of Current Year	End of Year
Sset	20				14,431,350.	22,017,799.
let A	21				333,126. 14,098,224.	237,867. 21,779,932.
	≘∣22 art II	Net assets or fund balances. Subtract line 21 from I Signature Block	ine 20		14,090,224.	21,119,952.
		Ilties of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	es and staten	nents, and to the best of m	v knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer				,eeage and sener, it is
	,	Anne Marie Doughert			17 Aug	2020
Sig	gn	Signature of officer			Date	,
He		ANNE MARIE DOUGHERTY, C	CHIEF EXECUTIVE	OFFI	CER	
		Type or print name and title				
			Preparer's signature		Date Check	PTIN
Pai			IEIDI TATRO	[0	07/17/20 if self-employ	P01591796
	parer	Firm's name CLIFTONLARSONALLE			Firm's EIN ▶	41-0746749
Us	e Only	Firm's address 220 SOUTH SIXTH S MINNEAPOLIS, MN 5			Phone no. 61	2-376-4500
Ма	y the II	RS discuss this return with the preparer shown abov	re? (see instructions)			X Yes No
		= =		_		E 000 (0040)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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 X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 6,601,251. including grants of \$ 5,631,060.) (Revenue \$) CHARITABLE GIVING: BOB WOODRUFF FOUNDATION (BWF) FINDS, FUNDS AND SHAPES INNOVATIVE PROGRAMS THAT FOCUS ON POST-9/11 IMPACTED SERVICE MEMBERS, VETERANS, THEIR FAMILIES AND CAREGIVERS. WE IDENTIFY, INVEST IN, AND IMPROVE EVIDENCE-BASED PROGRAMS, BOTH LOCAL AND NATIONAL, THAT ADDRESS THREE CORE ISSUE AREAS: EDUCATION AND EMPLOYMENT, REHABILITATION AND RECOVERY, AND QUALITY OF LIFE.
4b	(Code:)(Expenses \$ 1,818,992. including grants of \$ 352,050.) (Revenue \$) NATIONAL VETERANS INTERMEDIARY: THE NETWORK OF SERVICES FOR VETERANS AND THE FAMILIES, CAREGIVERS, AND SURVIVORS OF MILITARY SERVICE MEMBERS IS COMPLEX, FRAGMENTED, AND DIFFICULT TO NAVIGATE, OFTEN LEADING TO VARIABILITY IN LIFE OUTCOMES AND OPPORTUNITIES FOR THOSE WHO HAVE SERVED. NVI DECREASES THIS VARIABILITY BY FACILITATING COLLABORATION, SHARED LEARNING, AND CROSS-SECTOR COMMUNICATION AMONG STAKEHOLDERS IN COMMUNITIES NATIONWIDE, SO THAT VETERANS' NEEDS ARE IDENTIFIED, AND THE ECOSYSTEM OF SOCIAL SERVICE AND OPPORTUNITY IS THERE TO SERVE THEM EFFECTIVELY.
4c	(Code:)(Expenses \$1,001,272. including grants of \$10,071.) (Revenue \$) PUBLIC AWARENESS AND EDUCATION INVESTMENTS EDUCATE AND INFORM THE PUBLIC 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.
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ 1,240,762 \cdot including grants of \$ 339,505 \cdot) (Revenue \$ 0 \cdot) Total program service expenses \$ 10,662,277 \cdot \text{ 200 (No.14)}
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	October 15 D. De to William IVIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		<u> </u>
۷ ا	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Composed government on that my column by the time roof composed contours in the transfer and in	1		

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

			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	56			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		

932004 01-20-20

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

2a 12 feet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 12 2 2 2 7					Yes	No
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A X If Yes, I has it filed a Form 990-T for this year? If 'No' 10 line 3b, provide an explanation on Schedule O 3b If Yes, 'Instruction and foreign country (such as a bank account, securities account, or other financial account) or of the foreign country. 5a If Yes, 'Instruction for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b If Yes, 'Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c Was the organization aparty to a prohibited tax whether transaction at any time during the tax year? 5c A X 5d If Yes' is line Sa or 5b, did the organization the Form 8886-T. 6c If Yes' is line Sa or 5b, did the organization the Form 8886-T. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes', did the organization include with every solicitation an express statement that such contributions or grits 6d If Yes, 'Indicate the number of Forms 8820 filed during the year 6 If Yes', indicate the number of Forms 8820 filed during the year 6 If Yes, 'Indicate the number of Forms 8820 filed during the year 7 If John the organization received a contribution of qualified intellectual property, did the organization file a Form 105 year of the value of the goods or services provided? 7 If If Yes, 'Indicate the number of Forms 8820 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization will be a foreign a complete organization received a contribution of qualified intellect	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 27			
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file 3b, provide an explanation on Schedule O 5b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file 3b, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). Provided the provided of the provided in the provi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
b If "Yes," has it filled a Form 990.T to this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV "Yes" to line Sa or 5b, did the organization file Form 8888-17 6a Does the organization the organization file Form 8888-17 6b Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c Does the organization shall were not tax deductible on thibutions under section 170(c). 6c Did the organization shall many receive deductible contributions under section 170(c). 6c Did the organization express payment in excess of SF made party as a contribution and party for goods and services provided to the payor? 7c Did the organization excelve apayment in excess of SF made party as a contribution and party for goods and services provided to the payor? 7c Did the organization excelve a payment in excess of SF made party as a contribution of party for goods and services provided to the payor? 7c Did the organization excelve a payment in excess of SF made party as a contribution of payment of the second of the secon		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form \$886177. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If 'Yes' to line 5a or 5b, did the organization file form \$886177. 5c If 'Yes' to line 5a or 5b, did the organization file form \$886177. 5c Did be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c X 5 If 'Yes', elid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c V 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes', 'idid the organization notify the donor of the value of the goods or services provided? 9 If 'Yes', 'idid the organization notify the donor of the value of the goods or services provided? 9 If 'Yes', 'indicate the number of Forms 8282 filed during the year 9 Sponsoring organization received a contribution of crusified intellectual property, did the organization file Form 8898 as required? 9 If the organization received a contribution of crusified intellectual property, did the organization file Form 1098 C? 7 The Sponsoring organization maintaining donor advised funds. 9 Sponsoring organization have excess business holdings at any time during the year?	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
transcial account in a foreign country Such as a bank account, securities account, or other financial accountl? b If "Yes," enter the name of the foreign country See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 8886-17? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the property of the same than the such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive apprentil necess of \$5 made party as contribution and partly for goods and services provided to the payor? 7 The St C Did the organization notify the donor of the value of the goods or services provided? 6 Did the organization receive apprentil necess of \$5 made party as contribution and partly for goods and services provided to the payor? 7 The St C Did the organization notify the donor of the value of the goods or services provided? 7 The St C Did the organization oreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The St C Did the organization funds are surplined, directly or indirectly, to pay premiums on a personal benefit contract? 7 The St Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file organization fless are equived? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization ma	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization on party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Saor 50, did the organization file Form 88867. 5c If "Yes" to line Saor 50, did the organization file Form 88867. 5c If "Yes", "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a bill the organization state may receive deductible contributions under section 170(c). a bill the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88287. b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization received a contribution of cars, boats, analyses, or other vehicles, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, analyses, or other vehicles, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, analyses, or other vehicles, did the organization file Form 8899 as required? 7b If the organization received a contribution of cars, boats, and financy, or near the dependency organization file Form 8899 as required? 7b If the organization received a contribution of cars, boats in file file or	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I organization shall are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 I 'Yes' to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). 8 If 'Yes, 'id d the organization nective a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor? 7 I 'Yes, 'id d the organization nective a payment in excess of \$76 made party as a contribution of organization received a payment in excess of \$76 made party as a contribution of organization received a payment in excess of tangible personal property for which it was required to life Form 8382? 8 If 'Yes, 'indicate the number of Forms 8282 field during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization serviced a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 497		financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8886?? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If "Yes," indicate the number of Forms \$282 filed during the year 6 If "Yes," indicate the number of Forms \$282 filed during the year 7 E Did the organization received any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 Te X g If the organization received a contribution of qualified intellectual property, did the organization file Form 1986 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 1986 as required? 7 Th X Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 5 Section 501(c)(2) organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 5 Section 501(c)(29) qualified norprofit health insurance issuers. 6 Gross received from them.) 12 Section 501(c)(29) qualified norprofit health insurance issuers. 13 Section 501(c)(29) qualified norprofit health insurance issuers. 13 Section 501(c)(29) qualified norprofit healt	b	If "Yes," enter the name of the foreign country ▶				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886 T? 8 Does the organization that are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 If If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 Did the organization receive apyment in excess of \$75 made party as a contribution of understance of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization mace vales or cars, boats, airplanes, or other vehicles, did the organization flower organization flower organization indirectly or indirectly, to pay premiums on a personal benefit contract? 13 Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	ccounts (FBAR).			
til "Yes" to line 5a or 5b, did the organization file Form 886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly sa a contribution and partly for goods and services provided to the payor? 7 If "Yes," indicate the number of Forms \$282 filed during the year 6 If "Yes," indicate the number of Forms \$282 filed during the year 7 If Did the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 8 If the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required? 9 If the organization was maintaining donor advised funds. Did a donor advised funds maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(?) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 10 Gross received and promote organization make any taxable distributions under section 4966? 9 Section 501(c)(?) organizations. Enter: a forest income from members or shareholders 11a	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," include the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? 3 If the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? 4 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distribution to a donor advised, funds. 10 Did be sponsoring organization make any taxable distribution to a donor advised funds. 10 Did be sponsoring organizati	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
any contributions that were not tax deductible as charitable contributions? b f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b f "Yes," did the organization necive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b f "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Tide organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? f Tide organization sell, excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X 7 If the organization received a contribution of qualified intellectual property, did the organization file Form \$899 as required? 7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form \$899 as required? 7 To X 8 Sponsoring organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a plantaining donor advised funds. 10 If the organization plantain and the plantaining donor advised funds. 11 Section 501(c)(12) organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 12 Section 501(c)(12) organization included on Port Yell, line 12 for public use of club facilities 13 Section 501(c)(12) organization make any taxable distributions under section	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7		any contributions that were not tax deductible as charitable contributions?		6a		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization bave excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization the promises of the sponsoring organization file of the sponsoring organization file of the sponsoring organization file of the sponsoring organization f	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		were not tax deductible?		6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7	Organizations that may receive deductible contributions under section 170(c).				
to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To I will the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To I will the organization received a contribution of qualified intellectual property, did the organization file Form 8282 filed during the year, and premiums on a personal benefit contract? To I will the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make ad distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did the sponsoring organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) organizations. Enter: Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? The initiation fees and capital contributions included on Part VIII, line 12 Did the organization incensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Define the amount of reserves on hand Did the organization received any payments for indoor tanning services during the tax year? Did the or	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		
to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	С		•			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Gross income from the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 501(c)(12) organizations. Enter: a Is the organization incensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments f				7с		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 1889 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 1889 as required? No Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders B If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization incensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. B Enter the amount of reserves the organization is more than one state? Note: See the instructions for additional information the organization must report on Schedule O. B Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. B C there the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization is near taxable distributions under section 4960 tax on payments) or other section 4960 tax on payments) or other section 4960 tax on payments) or other section 4960 tax on payments) of more than \$1,000,000 in remuneration or excess parachute payments) during the year? 15 Dif "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization and educational information to be section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Dif "Yes," see instructions and file Form 4720, Schedule N.	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	f					X
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11a Gross income from members or shareholders. a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the ax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b	h			7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8		· ·			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11b cection 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	9					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_					
a Initiation fees and capital contributions included on Part VIII, line 12				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		I	ا ء ا			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	_	The state of the s				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			100			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	''	· · · · · ·	440			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	a h		i i a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b		11h			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X	122			122		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				IZu		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X		•	120			
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	_			100		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	b	· · · · · · · · · · · · · · · · · · ·				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			13b			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X	С					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			·	14a		Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
	16		t income?	16		Х

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
<i>,</i> a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	X	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	_
b		OD	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
360	tion b. Folicies (mis Section & requests information about policies not required by the internal nevenue code.)		Vaa	Na
100	Did the examination have lead chapters branches as offiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	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 >		_	
	TODD DUSO - 646-905-5610			
	1350 BROADWAY, SUITE 905, NEW YORK, NY 10018			
	SEE SCHEDILE O FOR FILL LIST OF STATES	Form	000	(2010)

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.

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

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

(A) Name and title	(B) Average hours per		not cl	heck	ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NANCY BERGLASS NVI PRESIDENT	60.00	4				x		259,008.	0.	0 525
NVI, PRESIDENT (2) MARGARET HARRELL	60.00					^		239,000.	0.	9,525.
CHIEF PROGRAM OFFICER	00.00	┨				Х		251,355.	0.	9,800.
(3) ANNE MARIE DOUGHERTY	60.00							231,333.	0.	7,000.
CHIEF EXECUTIVE OFFICER	00.00	1		Х				328,834.	0.	47,164.
(4) STANLEY MARSHALL LAUCK	60.00							, , , , ,		,
CHIEF GROWTH AND MARKETING OFFICER		1				х		258,217.	0.	29,176.
(5) TODD DUSO	60.00									
CHIEF OPERATING OFFICER		1		Х				152,337.	0.	14,712.
(6) KEITH WHITCOMB	40.00									
NVI, DIRECTOR OF OPERATIONS						Х		104,407.	0.	1,161.
(7) STANLEY KRODER	40.00									
FORMER DIRECTOR OF FINANCE AND ADMIN				Х				86,918.	0.	12,231.
(8) COLIN HEFFRON	10.00									
CO-CHAIRMAN		Х		Х				0.	0.	0.
(9) DAVID WOODRUFF	10.00								_	_
CO-CHAIRMAN		Х		Х				0.	0.	0.
(10) LEE WOODRUFF	10.00	ļ								•
VICE PRESIDENT	1000	Х		X				0.	0.	0.
(11) STEVE CRAWFORD	10.00	l								•
TREASURER	10 00	Х		Х				0.	0.	0.
(12) EDWARD TOPTANI	10.00	ļ ,,		37					0	0
SECRETARY	2 00	Х		Х				0.	0.	0.
(13) MARTHA RADDATZ	2.00	X						0.	0.	^
DIRECTOR	2.00	Α.						0.	0.	0.
(14) EILEEN LYNCH	2.00	x						0.	0.	0.
DIRECTOR (15) CERRY BYRNE	2 00	^						0.	0.	<u> </u>
(15) GERRY BYRNE DIRECTOR	2.00	X						0.	0.	0.
(16) BOB JEFFREY	2.00	122						0.	0.	<u></u>
DIRECTOR		x						0.	0.	0.
(17) RICHARD WILDE (UNTIL MAY 2019)	2.00	+	\vdash							<u></u>
DIRECTOR		X						0.	0.	0.
000007 04 00 00	I.	_				_	_			Form 990 (2010)

Form **990** (2019)

Page 8

Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>rees</u>	, an	a H	ıgne	st C	ompensated Employe	es (continuea)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one box, unless person is both an					Reportable	Reportable			stimate	
	hours per week					is bot or/trus		compensation	compensatio			nount (of
	(list any	-					Ĺ	from the	from related organization			other pensa	tion
	hours for	direct				p		organization	(W-2/1099-MIS			om the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(** = *********************************	- /		anizati	
	organizations	l trus	nal trı		oyee	dwo						d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(10) G1001 TWD WTDGGW	2.00	트	ııs	#0	Ş.	ij ij ii	훈			\rightarrow			
(18) CAROLINE HIRSCH	2.00	X						0.		0.			0.
OIRECTOR (19) JAMES HNAT	2.00	^						0.		- ' 			<u> </u>
DIRECTOR	2.00	X						0.		0.			0.
(20) GENERAL MARTIN DEMPSEY	2.00	1						0.		~ 			<u> </u>
DIRECTOR	2.00	x						0.		0.			0.
(21) ROB SHANAHAN	2.00									$\stackrel{\smile}{\longrightarrow}$			
DIRECTOR		x						0.		0.			0.
(22) CRAIG NEWMARK	2.00	 								- 			
DIRECTOR		X						0.		0.			0.
		i											
1b Subtotal								1,441,076.		0.	12	3,7	
c Total from continuation sheets to Part V								0.		0.	10		0.
d Total (add lines 1b and 1c)							<u> </u>	1,441,076.		0.	12	3,7	69.
2 Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportab	le			6
compensation from the organization												V	N-0
6 5:11										П		Yes	No
3 Did the organization list any former officer			•	•	•		_		•				Х
line 1a? If "Yes," complete Schedule J for								har asmanation from			3		
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-					· · · · · · · · · · · · · · · · · · ·	the organization		4	х	
5 Did any person listed on line 1a receive or									idual for convices		-		
rendered to the organization? If "Yes," con							Clat	ed organization or mark	iddai for Services	·	5		Х
Section B. Independent Contractors	ipiete coneda	00,	0, 0,	011	porc	3011							
Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npensa	ation f	from	
the organization. Report compensation for													
(A)	,							(B)			(C		
Name and business	address							Description of s	services	Co		nsatio	n
MUDDE BUDIES IIS								D T G T M 3 T					

	······································	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
THREE FURIES LLC	DIGITAL	
85 DELANCEY STREET, #28, NEW YORK, NY 10002	COMMUNICATIONS AND W	202,255.
MOTHERMAC, LLC		
23 CLUB DRIVE, SUMMIT, NJ 07901	IT CONSULTING	202,000.
GOTHAM HALL OPERATING ENTITY, LLC		
1356 BROADWAY, NEW YORK, NY 10018	EVENT SPACE/CATERING	196,600.
NORTON EDWARDS, LLC		
366 VAN WINKLE AVE, HAWTHORNE, NJ 07506	EVENT PRODUCTION	128,987.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Form **990** (2019)

\$100,000 of compensation from the organization

26-1441650 BOB WOODRUFF FAMILY FOUNDATION, INC. Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 5,126,300. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 15,025,862 1f 51,256 g Noncash contributions included in lines 1a-1f 1g |\$ 20,152,162 h Total. Add lines 1a-1f. **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 28,676 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 27,282 and sales expenses 7b c Gain or (loss) 1,394. 1,394 1,394. d Net gain or (loss) 8 a Gross income from fundraising events (not 5,126,300. of including \$ contributions reported on line 1c). See Part IV, line 18 460,500 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 50,923 50,923, 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER REVENUE 600099 532 532. b 900099 d All other revenue 532 e Total. Add lines 11a-11d

12 932009 01-20-20

Total revenue. See instructions

52,849.

20,205,011

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo				X
Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	6 100 101	6 100 101		
	and domestic governments. See Part IV, line 21	6,198,181.	6,198,181.		
2	Grants and other assistance to domestic	124 505	124 505		
	individuals. See Part IV, line 22	134,505.	134,505.		
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	642,196.	295,544.	254,747.	91,905.
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	1,767,278.	1,381,618.	176,896.	208,764.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	39,785.	32,012.	2,668.	5,105.
9	Other employee benefits	49,374.	43,688.		5,105. 5,686.
10	Payroll taxes	150,721.	105,761.	26,301.	18,659.
11	Fees for services (nonemployees):			•	<u> </u>
а	Management				
b	Legal				
c	Accounting	130,395.		130,395.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	1,549,818.	1,112,604.	173,222.	263,992.
40		58,771.		249.	13,016.
12	Advertising and promotion	195,056.	113,805.	37,356.	43,895.
13	Office expenses	194,800.	135,966.	35,055.	23,779.
14	Information technology	194,000.	133,300.	33,033.	43,119.
15	Royalties	300,241.	220,473.	48,276.	31,492.
16	Occupancy	363,649.		26,511.	•
17	Travel	303,049.	296,885.	20,311.	40,253.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 160	C 040	070	Ε0
19	Conferences, conventions, and meetings	7,169.	6,840.	279.	50.
20	Interest				
21	Payments to affiliates	05 540		10 000	
22	Depreciation, depletion, and amortization	95,740.	77,682.	10,988.	7,070.
23	Insurance	54,478.	34,477.	2,846.	17,155.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD SERVICE	201,018.	183,742.	4,291.	12,985.
b	DUES, BOOKS, AND SUBSCR	111,764.	80,186.	13,941.	17,637.
С	AUDIO VISUAL	104,774.	91,834.	977.	11,963.
d	ORGANIZATION EXPENSE	74,195.	7,965.	56,726.	9,504.
е	All other expenses	106,228.	63,003.	9,265.	33,960.
25	Total functional expenses. Add lines 1 through 24e	12,530,136.	10,662,277.	1,010,989.	856,870.
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	658,670.	395,202.	0.	263,468.
	0.01-20-20	,	,		Form 990 (2019)

932010 01-20-20

	990 (: r t X	2019) BOB WOODRUFF F Balance Sheet	AMILY FOUNDATI	.ON,	INC.	∠0-	1441650	Page 11
rd	LA		o to any line in this Dort Y					
		Check if Schedule O contains a response or not	e to any line in this Part X		(A)		(B)	<u></u>
					Beginning of year		End of y	ear ear
	1	Cash - non-interest-bearing			6,768,699.	1	12,610	
	2	Savings and temporary cash investments			572,348.			7,984.
	3	Pledges and grants receivable, net			6,366,924.			342.
	4	Accounts receivable, net			1,519.	4		,207.
	5	Loans and other receivables from any current or			,			
	•	trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of thes				5		
	6	Loans and other receivables from other disquali						
		under section 4958(f)(1)), and persons described				6		
ß	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			9,317.	8	8	3,007.
¥	9	Prepaid expenses and deferred charges			555,719.	9	292	2,655.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a 476,74	5.				
	b	Less: accumulated depreciation		0.	156,824.	10c	141	.,045.
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 1				12		
	13	Investments - program-related. See Part IV, line				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equa			14,431,350.	16	22,017	
	17	Accounts payable and accrued expenses			220,441.	17	210	339.
	18	Grants payable			66,830.	18		0.
	19	Deferred revenue			13,500.	19		0.
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D			21		
es	22	Loans and other payables to any current or form						
Ħ		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes				22		
_	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	, ,		32,355.		27	7,528.
	00	of Schedule D		···· -	333,126.	25		7,867.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ak haya 🕨 🗓		333,120.	26	257	,007.
es			ck nere 🚩 🔼					
auc	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			7,100,723.	27	8 226	781.
Bali	28	Net assets with donor restrictions			6,997,501.	28	13,553	
P I	20	Organizations that do not follow FASB ASC 9			0,33,,302,	20	23,333	,
Ē		and complete lines 29 through 33.	50, check here					
ō	29	Capital stock or trust principal, or current funds				29		
sets	30	Paid-in or capital surplus, or land, building, or eq				30		
Asŧ	31	Retained earnings, endowment, accumulated in				31		
Net Assets or Fund Balances	32	Total net assets or fund balances			14,098,224.	32	21,779	,932.
_	33	Total liabilities and net assets/fund balances			14,431,350.	33	22,017	
					, , , , , ,			200 (2242)

Pa	rt 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	20,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,53		
3	Revenue less expenses. Subtract line 2 from line 1	3	7,67	4,8	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,09	8,2	24.
5	Net unrealized gains (losses) on investments	5		6,8	33.
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	21,77	9,9	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BOB WOODRUFF FAMILY FOUNDATION, 26-1441650 TNC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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. 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 BOB WOODRUFF FAMILY FOUNDATION, INC. 26-1441650 Page 2

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

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018	(e) 2019	(f) Total					
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.") 10,009,964. 8,085,085. 9,161,766. 16,611,564. 2	20,152,162.	64,020,541.					
2 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
3 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
4 Total. Add lines 1 through 3 10,009,964. 8,085,085. 9,161,766. 16,611,564. 2	20,152,162.	64,020,541.					
5 The portion of total contributions							
by each person (other than a							
governmental unit or publicly							
supported organization) included							
on line 1 that exceeds 2% of the							
amount shown on line 11,							
column (f)		21,587,921.					
6 Public support. Subtract line 5 from line 4.		42,432,620.					
Section B. Total Support							
Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018	(e) 2019	(f) Total					
7 Amounts from line 4 10,009,964. 8,085,085. 9,161,766. 16,611,564. 2	20,152,162.	64,020,541.					
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties,							
and income from similar sources 689. 3,090. 7,065. 2,823.	0.	13,667.					
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on 163,845. 211,934.		375,779.					
10 Other income. Do not include gain							
or loss from the sale of capital	5 20	E4 00E					
assets (Explain in Part VI.) 112. 18,984. 16,666. 35,611.	532.	71,905.					
11 Total support. Add lines 7 through 10		64,481,892.					
12 Gross receipts from related activities, etc. (see instructions)							
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50		. —					
organization, check this box and stop here Section C. Computation of Public Support Percentage		P					
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14		CE 01					
15 Public support percentage from 2018 Schedule A, Part II, line 14 15	+	76.94 %					
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more							
stop here. The organization qualifies as a publicly supported organization	•	► X					
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or 1		······					
and stop here. The organization qualifies as a publicly supported organization		▶ □					
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 17a		or more					
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	-	•					
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a,							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in F							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and s							

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.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	` `	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5		-	-			
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					14-1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
Sa		
3b		
3с		
4a		
4b		
4c		
10		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
a		
01-		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
	non or type in eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
000.	ion b. 7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	·			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	,		
	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	7. 7 7 7 7			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction The organization satisfied the Activities Test. Complete line 2 below.	ns).		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inatruation	-1	
C	Activities Test. Answer (a) and (b) below.	II ISU UCUON	Yes	No
			162	NO
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6.		
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 BOB WOODRUFF FAMILY FOUNDATION, INC. 26-1441650 Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	j
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	llv inteara	ated Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 BOB WOODRUFF FAMILY FOUNDATION, INC. 26-1441650 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 **c** From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years

Schedule A (Form 990 or 990-EZ) 2019

b Applied to 2019 distributable amountc Remainder. Subtract lines 4a and 4b from 4.

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2020. Add lines 3j

Schedule B

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

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

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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					
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.				
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 8,025,140.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 4,850,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,050,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-06			990 990-F7 or 990-PF) (20

Name of or	ame of organization			Employer identification number	
BOB WO	OODRUFF FAMILY FOUNDATI	ON, INC.			26-1441650
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following charitable, etc., contributions of \$1	line entry For o	rganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	t	(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gir	t	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transfe		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gir	t	(d) Desc	ription of how gift is held
	(e) Transfer Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	t	(d) Desc	ription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a			elationship of tra	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC. **Employer identification number** 26-1441650

Schedule D (Form 990) 2019

Pa			imilar Funds or <i>F</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets hel	d in donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose confe	erring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	*		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	nization during the tax
	year >			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservat	ion easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservation e	asements during the year
_	> \$		4=0(1)/4)/	27.00
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements t	hat describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tre	acures or Other	Similar Assats
Га	Complete if the organization answered "Yes" on Form	-	asures, or other	Silliai Assets.
	If the organization elected, as permitted under FASB ASC 95		nue etetement and he	alanaa ahaat waxka
ıa	, ,	'		
	of art, historical treasures, or other similar assets held for pub	·		ance of public
h	service, provide in Part XIII the text of the footnote to its finan			as about works of
D	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce 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 treating following amounts required to be reported under EASP A			, provide
_	the following amounts required to be reported under FASB A	-		• •
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
a	ASSELS INCIDUED IN FORM SOU, PAR A			▶ ⊅

932051 10-02-19

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

	t III Organizations Maintaining O	Collections of A					er Simil	ar Asse	ts/conti		aye Z
3	Using the organization's acquisition, accessi									raca)	
Ū	collection items (check all that apply):	on, and other record	35, 01100	it arry or tire	, lollowing the	it make t	sigimican	use of its			
_	Public exhibition	c	. \Box	l oon or ov	change progra	nm					
a		_			criange progra	4 111					
b	Scholarly research	e	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of								_	_	7
_	to be sold to raise funds rather than to be ma								Yes		<u> No</u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organization	on answered	"Yes" on	Form 99	0, Part IV,	line 9, o	ŕ	
1a	Is the organization an agent, trustee, custod								7	_	,
	on Form 990, Part X?							L	Yes		J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	<u>t</u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	custodial acco	unt liabi	lity?	L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on F	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
ŭ	· · ·										
	Administrative expenses										
_	End of year balance		//: 4		<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a)) neid as:						
	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organi	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R	?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a.	See Form 990), Part X,	, line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Boo	k valu	e
		basis (investr			(other)		preciation		(,		_
12	Land	- ` ` 	,		. ,					-	
	Buildings										
	Equipment			4 -	76,745.		335,7	00	1./	1,0	<u>45</u>
	Other		. Y .col:::					-		$\frac{1}{1},0$	
iuldi	- Aug lines la linoudit le lo <i>didititi (d) titust</i> e	yuarı ulli əəu, Fäll	A, COIUI	,,,, (U), III IU	100./				T-4	_ ,	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 BOB WOODRUF	FF FAMILY FOUN	DATION, INC. 26-	-1441650 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	+		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		44 O E 000 D IV II 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	Oryear market value
(1)	+		
(2)	-		
(3)	-		
(4)	-		
(5)	+		
(6)	+		
(7)	+		
(8)	+		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Posk value
			(b) Book value
(1) Federal income taxes (2) DEFERRED RENT			27 520
			27,528
(3)			

(5) (6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2019

27,528.

Schedule D (Form 990) 2019 BOB WOODRUFF FAMILY FO			1441650 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Revenue per	Retur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1 Total revenue, gains, and other support per audited financial statements		. 1	22,404,276.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a 6,833		
b Donated services and use of facilities		-	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	1,789,688.
3 Subtract line 2e from line 1			20,614,588.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	400 555	-	
c Add lines 4a and 4b	·	4c	-409,577.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			20,205,011.
Part XII Reconciliation of Expenses per Audited Financial S			
Complete if the organization answered "Yes" on Form 990, Part IV, I			
Total expenses and losses per audited financial statements		1	14,722,568.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			, ,
a Donated services and use of facilities	2a 1,782,855		
b Prior year adjustments		_	
c Other losses		_	
d Other (Describe in Part XIII.)		╗	
e Add lines 2a through 2d		2e	2,192,432.
3 Subtract line 2e from line 1			12,530,136.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	٥.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			12,530,136.
Part XIII Supplemental Information.	10.)		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4: Part IV lines 1b and 2b: Part V lin	e 4· Par	t X line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		0 1,1 0.1	, mio 2, i aic / ii,
Throo 2d and 45, and 1 are full, into 2d and 45.7 100 complete this part to provide t	arry additional imormation.		
PART X, LINE 2:			
THE FOUNDATION IS EXEMPT FROM THE PAYMENT	T OF INCOME TAXES O	N IT	S EXEMPT
ACTIVITIES UNDER SECTION 501(C)(3) OF THE	E INTERNAL REVENUE	CODE	, AND HAS
			<u>, </u>
BEEN CLASSIFIED BY THE INTERNAL REVENUE	SERVICE AS OTHER TH	AN A	PRIVATE
FOUNDATION WITHIN THE MEANING OF SECTION	509(A)(1) OF THE I	NTER	NAL REVENUE
CODE. BWF EVALUATED ITS TAX POSITION AND	D DETERMINED THAT I	TS P	OSITION IS
MORE LIKELY THAN NOT TO BE SUSTAINED ON I	EXAMINATION.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
•			
FUNDRAISING EXPENSES			-409,577.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

	DRUFF FAMILY FOUND				20-1441	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicita f Solicita g X Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(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			
Tatal						
Total 3 List all states in which the organization or licensing. AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY,	DE, FL, GA, HI, ID, IL,	IN,	IA,	KS,KY,LA,M	E,MD,MA,MI	,MN,MS,MO
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events STAND UP FOR NONE (add col. (a) through HEROES - NE col. (c)) (event type) (total number) (event type) 5,586,800. 5,586,800 1 Gross receipts 5,126,300 5,126,300. 2 Less: Contributions 460,500 460,500. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 154,742. 154,742. 6 Rent/facility costs 171,600. 171,600. 7 Food and beverages 83,235 83,235. 8 Entertainment 9 Other direct expenses 409,577. **10** Direct expense summary. Add lines 4 through 9 in column (d) 50,923. 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **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:

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 BOB WOODRUFF FAMILY FOUNDATION, INC. 26-1441650 Page 3
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility 13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶
Address ▶
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \int \textbf{Yes} \textbf{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?
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	(Form 990 or 990-EZ)	BOB WOODRUFF	${ t FAMILY}$	FOUNDATION,	INC.	26-1441650	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)					
		·					_
							-

SCHEDULE I (Form 990)

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number 26-1441650

Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assis	stance?	-					X Yes No
2 Describe in Part IV the organization's pro	cedures for mon	itoring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "	res" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$	5,000. Part II ca	n be duplicated if addit	tional space is need	ded.			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BUILDING BETTER DAYS							
4012 RAMSEY DR							BETTER DAYS FOR
EDGEWATER, MD 21037	81-1218909	501C3	7,000.	0.			DEPENDENTS
COMBINED ARMS 2929 MCKINNEY ST., SUITE A							COMBINED ARMS 2019 POST-HARVEY DATA
HOUSTON, TX 77003	47-5648923	501C3	97,499.	0.			VISUALIZATION GRANT
EMORY UNIVERSITY SCHOOL OF MEDICINE - 12 EXECUTIVE PARK DRIVE, 3RD FLOOR - ATLANTA, GA							EMORY UNIVERSITY PROLONGED EXPOSURE CONSULTANT TRAINING
30329	58-0566256	501C3	149,988.	0.			PROGRAM
LONE STAR LEGAL AID 500 JEFFERSON, 12TH FLOOR HOUSTON, TX 77002	74-1537787	501C3	250,000.	0.			DISASTER LEGAL SERVICES FOR VETERANS
OPERATION OPPORTUNITY FOUNDATION DBA WARRIOR-SCHOLAR PROJECT - 1012 14TH STREET NW, SUITE 1200 - WASHINGTON, DC 20005	45-2745669	501C3	150,000.	0.			WARRIOR-SCHOLAR PROJECT: ACADEMIC BOOT CAMPS AND COMMUNITY COLLEGE WORKSHOPS
ST. BERNARD PROJECT 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	26-2189665	501C3	297,000.	0.			SBP SERVING HARVEY-IMPACTED VETERANS IN RURAL COMMUNITIES
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 							·

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FEAM RED, WHITE & BLUE							
5428 EISENHOWER AVENUE							 EAGLE LEADERSHIP
ALEXANDRIA, VA 22304	27-2196347	501C3	200,000.	0.			DEVELOPMENT PROGRAM
,			, -	-			THE MISSION CONTINUES
THE MISSION CONTINUES							PUERTO RICO SERVICE
1141 S. 7TH STREET							PLATOON AND 2019 MASS
ST. LOUIS, MO 63104	20-8742553	501C3	325,000.	0.			DEPLOYMENT
WORKSHOPS FOR WARRIORS							ADVANCED MANUEACHUDING
2970 MAIN STREET							ADVANCED MANUFACTURING TRAINING FOR YOUNG
	26-1721255	E0102	106 650	0.			VETERANS
SAN DIEGO, CA 92113	20-1721255	501C3	106,650.	0.			VEIERANS
ARMED SERVICES ARTS PARTNERSHIP							
2461 EISENHOWER AVE, FLOOR 2							
ALEXANDRIA, VA 22314	47-4007504	501C3	70,000.	0.			ASAPS COMMUNITY HUBS
			,	- •			
BUNKER LABS							
125 S. CLARK ST, WEWORK - 17TH FLOO)						
CHICAGO, IL 60603	47-1474802	501C3	145,077.	0.			LAUNCH LAB ONLINE
,			,				STRENGTH AT HOME:
BOSTON UNIVERSITY SCHOOL OF							CONTINUED NATIONAL
MEDICINE - 72 EAST CONCORD ST -							EXPANSION AND
BOSTON, MA 02118	04-2103547	501C3	189,673.	0.			SUSTAINABILITY ACTIVITIE
COMBINED ARMS							
2929 MCKINNEY ST., SUITE A	47-5648923	50103	131 675	0.			COMMUNITY LEADER PROGRAM
HOUSTON, TX 77003	±1-3040323	20163	131,675.	0.			EXPANDING COMMUNITY
DISABLED SPORTS USA							ADAPTIVE SPORTS TO
451 HUNGERFORD DRIVE, SUITE 608							IMPROVE THE QUALITY OF
ROCKVILLE, MD 20850	94-6174016	501C3	745,187.	0.			LIFE OF WOUNDED, INJURE
	21 01/4010	21100	, 45, 157.	0.			SUPPORT SERVICES FOR POS
EASTER SEALS OF GREATER HOUSTON,							9/11 VETERAN FAMILIES
INC 4888 LOOP CENTRAL DR,							IMPACTED BY HURRICANE
SUITE 200 - HOUSTON, TX 77081	74-1238418	501.63	150,000.	0.			HARVEY

(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
HVAF OF INDIANA							
964 N PENNSYLVANIA ST							HVAF OF INDIANA
INDIANAPOLIS, IN 46204	35-1890547	501C3	75,000.	0.			EMPLOYMENT PROGRAM
RESEARCH FOUNDATION FOR MENTAL							
HYGIENE, INC - 1051 RIVERSIDE							MILITARY FAMILY WELLNESS
DRIVE - NEW YORK, NY 10032	14-1410842	501C3	185,000.	0.			CENTER
RESEARCH FOUNDATION OF THE CITY							PROVE (PROJECT FOR RETUR
UNIVERSITY OF NEW YORK - 230 WEST							AND OPPORTUNITY IN
41ST STREET - NEW YORK, NY 10036	13-1988190	501C3	132,628.	0.			VETERANS EDUCATION)
ROSALYNN CARTER INSTITUTE FOR							OPERATION FAMILY
CAREGIVING - 800 GSW UNIVERSITY							CAREGIVER-GULF COAST
DRIVE - AMERICUS, GA 31709	58-1386358	501C3	288,862.	0.			REGION
,			, -	<u>-</u>			
RUTGERS UNIVERSITY FOUNDATION							
7 COLLEGE AVENUE, WINANTS HALL							
NEW BRUNSWICK, NJ 08901	23-7318742	501C3	200,000.	0.			VETS4WARRIORS
SERVICES FOR THE UNDERSERVED, INC.							
463 SEVENTH AVENUE, 17TH FLOOR							VETERANS EDUCATION TO
NEW YORK, NY 10018	91-1918247	501C3	75,000.	0.			EMPLOYMENT PROGRAM (VEEP
NATIONAL CENTER FOR MEDICAL-LEGAL			,				BRIDGING CONNECTIONS
PARTNERSHIP - GEORGE WASHINGTON							BETWEEN HEALTH CARE AND
UNIVERSITY-GCAS, PO BOX 829896 -							LEGAL SERVICES TO IMPROV
PHILADELPHIA, PA 19182	53-0196584	501C3	199,967.	0.			VETERANS LIVES
THE MISSION CONTINUES							
1141 S. 7TH STREET							OPERATION BAYOU CITY
ST. LOUIS, MO 63104	20-8742553	501C3	350,000.	0.			BLITZ
THE UNIVERSITY OF TEXAS HEALTH			223,300.				
SCIENCE CENTER AT SAN ANTONIO -							
7703 FLOYD CURL DRIVE, MC 7828 -							STRONG STAR TRAINING
SAN ANTONIO, TX 78229	74-1586031	UNIV. OF TEXAS -	SA 221,353.	0.		1	INITIATIVE: GULF COAST

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	Τ
(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 UNIVERSITY OF TEXAS HEALTH							PROJECT REMISSION:
SCIENCE CENTER AT SAN ANTONIO -							INTENSIVE OUTPATIENT PTSD
7703 FLOYD CURL DRIVE, MC 7828 -							TREATMENT FOR TEXAS GULF
SAN ANTONIO, TX 78229	74-1586031	UNIV. OF TEXAS -	SA 670,571.	0.			COAST REGION VETERANS
TUESDAY'S CHILDREN							YOUTH MENTORING FOR
10 ROCKEFELLER PLAZA, SUITE 910							POST-9/11 MILITARY
NEW YORK, NY 10020	52-2347446	501C3	55,000.	0.			FAMILIES OF THE FALLEN
VETERANS YOGA PROJECT							
PO BOX 6472							WEMEDANG YOUR DROTECH
	45-3606064	501C3	98,550.	0.			VETERANS YOGA PROJECT YOGA TEACHER TRAINING
CATHOLIC CHARITIES OF THE	43-300004	50103	30,330.	0.			TOGA TEACHER TRAINING
ARCHDIOCESE OF GALVESTON-HOUSTON -							STRONG STAR TRAINING
2900 LOUISIANA STREET - HOUSTON,							INITIATIVE CLINICAL
TX 77006	74-1109733	501C3	6,680.	0.			STIPEND
	74 1103733	50103	0,000.	<u> </u>			
FAMILY HOUSTON							STRONG STAR TRAINING
4625 LILLIAN STREET							INITIATIVE CLINICAL
HOUSTON, TX 77007	74-1152613	501C3	13,360.	0.			STIPEND
VALENTIA BILINGUAL THERAPY							STRONG STAR TRAINING
SERVICES, PLLC - 722 PIN OAK ROAD,							INITIATIVE CLINICAL
SUITE 220 - KATY, TX 77494	27-5062231		17,480.	0.			STIPEND
US VETS							STRONG STAR TRAINING
1200 BINZ ST., SUITE 290							INITIATIVE CLINICAL
HOUSTON, TX 77004	95-4382752	501C3	10,800.	0.			STIPEND
IRAQ AND AFGHANISTAN VETERANS OF							
AMERICA - 85 BROAD STREET, 16TH							
FLOOR - NEW YORK, NY 10004	20-1664531	501C3	20,000.	0.			2019 HEROES GALA
ARTS IN THE ARMED FORCES							
220 36TH STREET, B250 UNIT 21							SUPPORT FOR ARTS IN THE
BROOKLYN, NY 11232	27-1409736	501C3	50,000.	0.			ARMED FORCES ON BROADWAY
1			1 , , , , , , , ,	- •		1	Cala dula I/Farra 000

(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
TEAM RUBICON 6171 W. CENTURY BLVD, SUITE 310 LOS ANGELES, CA 90045	27-1720480	501c3	50,000.	0.			LOGISTICS SUPPORT FOR POST-9/11 VETERANS INVOLVED IN DEPLOYING AND/OR RESPONDING TO
THE MISSION CONTINUES 1141 S. 7TH STREET ST. LOUIS, MO 63104	20-8742553	501C3	7,386.	0.			SUPPORT FOR NFL HUDDLE
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD, SUITE 300 - ARLINGTON, VA 22201	92-0152268	501c3	10,000.	0.			2019 TAPS HONOR GALA
THE KIRSTIE ENNIS FOUNDATION 2542 EMMA ROAD BASALT, CO 81601	83-1189260	501C3	10,000.	0.			CLIMBING FOR A CAUSE
NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIPS, GEORGE WASHINGTON UNIVERSIT - 2175 K STREET NW - WASHINGTON, DC 20037	53-0196584	501C3	10,000.	0.			NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHI SUMMIT
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229		501C3	50,000.	0.			4TH ANNUAL SAN ANTONIO COMBAT PTSD CONFERENCE
NATIONAL LEAGUE OF CITIES INSTITUTE - 660 NORTH CAPITAL STREET, NW, SUITE 400 - WASHINGTON, DC 20001	52-6055762	501 c 3	110,000.	0.			SUPPORT IN COMMUNITY COLLABORATION AND PROGRA: DEVELOPMENT
FSG, INC. 179 LINCOLN STREET, THIRD FLOOR BOSTON, MA 02116	20-2776974		12,550.	0.			LOCAL PARTNER SCHOLARSHIPS

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
					TRANSPORTATION/LODGING/MEALS/
NDIVIDUAL RESPITE/RECREATION/SOCIALIZATION	64	16,200.	62,880.	FMV	ENTERTAINMENT
VF FINANCIAL ASSISTANCE	12	55,425.	0.		

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 A BWF CI

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 CONTAINS A DESCRIPTION OF THE ACTIVITIES,

RESULTS, AND PROBLEMS (IF ANY) WHICH WERE INVOLVED IN EXECUTING THE

PROGRAM.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

INC.

Open to Public Inspection

26-1441650

Department of the Treasury Internal Revenue Service Name of the organization

BOB WOODRUFF FAMILY FOUNDATION,

Employer identification number

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
	·		Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	7	Х	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) NANCY BERGLASS	(i)	225,258.	33,750.	0.	9,525.	0.	268,533.	0.	
NVI, PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARGARET HARRELL	(i)	217,605.	33,750.	0.	9,675.	125.	261,155.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ANNE MARIE DOUGHERTY	(i)	211,334.	117,500.	0.	13,700.	33,464.	375,998.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) STANLEY MARSHALL LAUCK	(i)	201,967.	56,250.	0.	6,375.	22,801.	287,393.	0.	
CHIEF GROWTH AND MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) TODD DUSO	(i)	124,212.	28,125.	0.	3,465.	11,247.	167,049.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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:
STANLEY KRODER, SEVERANCE PAYMENT, \$13,333.
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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

BOB WOODRUFF FAMILY FOUNDATION, INC. **Employer identification number** 26-1441650

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ng	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		-	S
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	X	1	28,838.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ▶ (BANNERS)	X	10	12,550.	FM77			
25 26	Other (BANNERS) Other (HOUSEHOLD GOO)	X	570					
27	Other (PERSONAL CARE)	X	100	4,000.				
28	Other (12212201111111111111111111111111111111			1,000	1 11 7			
29	Number of Forms 8283 received by the organiz	zation durin	I n the tax vear for c	ontributions	<u> </u>			
	for which the organization completed Form 828		-				0	
		,,	,				Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	oorted in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?		•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash	1			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019	BOB	WOODRUFF	FAMILY	FOUNDATION,	INC.	26-1441650	Page 2
Part II	Supplemental is reporting in Part this part for any ac	l Infori t I, colun dditiona	mation. Provide nn (b), the number I information.	the information of contribution	n required by Part I, line ns, the number of items	es 30b, 32b, received, or	and 33, and whether the organiza a combination of both. Also com	ation plete
	<u> </u>							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number 26-1441650

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COLLABORATIVE EFFORTS: COLLABORATIVE ENGAGEMENTS BRING TOGETHER EXPERTS, AND PUBLIC AND PRIVATE PARTNERS AT THE FEDERAL, STATE, AND LOCAL LEVELS, TO LEAD AND ENCOURAGE CONVERSATIONS ADDRESSING ISSUES RELATED TO IMPACTED SERVICE MEMBERS, VETERANS, THEIR FAMILIES, AND CAREGIVERS. EXPENSES \$ 782,053. INCLUDING GRANTS OF \$ 205,000. REVENUE \$ 0. INDIVIDUAL GIVING: BWF SUPPORTS 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. INCLUDING GRANTS OF \$ 134,505. REVENUE \$ 0. EXPENSES \$ 458,709. FORM 990, PART VI, SECTION A, LINE 1: EXECUTIVE COMMITTEE IS COMPOSED OF THE CO-CHAIRMANS, 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

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

IS FILED.

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number 26-1441650

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

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS

REVIEWED, AND EACH BOARD MEMBER AFFIRMS THEIR UNDERSTANDING OF THE CONFLICT

OF INTEREST POLICY AND THEIR RESPONSIBILITY FOR COMPLIANCE. THE CHIEF

EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER SHALL ANNUALLY REVIEW ALL

SUCH DECLARATIONS AND ADVISE THE BOARD OF DIRECTORS CONCERNING POTENTIAL

CONFLICTS INDICATED BY THE DECLARATIONS.

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 2019.

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 2019.

Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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 AND 990-T ARE AVAILABLE UPON REQUEST AND ON	THE ORGANIZATION'S
WEBSITE. THE FORM 1023 IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPO	ON REQUEST AND ON
THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND O	CONFLICT OF
INTEREST POLICY WOULD BE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	1,018,785.
MANAGEMENT AND GENERAL EXPENSES	149,226.
FUNDRAISING EXPENSES	205,403.
TOTAL EXPENSES	1,373,414.
TEMPORARY SERVICES :	
PROGRAM SERVICE EXPENSES	16,003.
MANAGEMENT AND GENERAL EXPENSES	11,396.
FUNDRAISING EXPENSES	29,751.
TOTAL EXPENSES	57,150.
PEO SERVICES:	

Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,600.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,600.
PROGRAM SERVICES:	
PROGRAM SERVICE EXPENSES	67,948.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	67,948.
DONATED GOODS:	
PROGRAM SERVICE EXPENSES	9,868.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	28,838.
TOTAL EXPENSES	38,706.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,549,818.

EXTENDED TO NOVEMBER 16, 2020

Form 990-T	E	Exempt Orga	nization Bus	sine	ss Income T	ax Return)	OMB No. 1545-0047
		. (ar	nd proxy tax und	er se	ction 6033(e))			2040
	For cal	lendar year 2019 or other tax ye	ar beginning		, and ending			2019
Department of the Treasury			•		ons and the latest inform			Open to Public Inspection for
Internal Revenue Service		Do not enter SSN numbe				ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only loyer identification number
A Check box if address changed		Name of organization (L	Check box if name cl	hanged	and see instructions.)		Emp	loyees' trust, see uctions.)
B Exempt under section	Print	BOB WOODRUF		2	6-1441650			
\mathbf{X} 501(\mathbf{c})(3)	Or Type	Number, street, and room	or suite no. If a P.O. box	, see ir	structions.			lated business activity code instructions.)
408(e) 220(e)	Туре	1350 BROADW						
408A 530(a)		City or town, state or prov		r foreig	n postal code			
529(a)		NEW YORK, N	Y 10018					
C Book value of all assets at end of year 22,017,7	۵۵	C Check organization tuni	per (See instructions.)	oration	E01(a) truet	401(a)	truot	Other truet
H Enter the number of the	raaniza	tion's unrelated trades or h	usinesses >	1		401(a)		Other trust
trade or business here	•	ition 3 unrelated trades or L				the only (or first) un complete Parts I-V.		
		ice at the end of the previou	is sentence, complete Pa	rts I an		•		
business, then complete		· ·	io comonoc, complete i a	110 1 411	a II, complete a conteaute	W for odon dadition	ui iiuu	0 01
		ooration a subsidiary in an a	affiliated group or a paren	ıt-subs	idiary controlled group?	•	Y	es X No
		tifying number of the paren			, , , , , ,			
J The books are in care of	> 5	TODD DUSO			Telepho	ne number 🕨 6	46-	905-5610
Part I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	3	(C) Net
1a Gross receipts or sale	S							
b Less returns and allow	vances		c Balance	1c				
2 Cost of goods sold (S	chedule	A, line 7)		2				
3 Gross profit. Subtract				3				
		h Schedule D)		4a				
		art II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (at	·	5				
6 Rent income (Schedu		ma (Cabadula E)		6 7				
		me (Schedule E)		8				
	,	and rents from a controlled on 501(c)(7), (9), or (17) or	•	9				
		me (Schedule I)		10				
		e J)		11				
		ns; attach schedule)		12				
		gh 12			0.			
		ot Taken Elsewher						•
		oe directly connected w						
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14	
							15	
16 Repairs and mainten	ance .						16	
17 Bad debts							17	
18 Interest (attach sche	dule) (s	ee instructions)					18	
19 Taxes and licenses							19	
		562)					041	
		n Schedule A and elsewher					21b	
22 Depletion	rrad aa	managian plans					22	
Contributions to defeEmployee benefit pro	narame	mpensation plans					23	
25 Excess exempt expe	ryraillo ncec (Cr	chedule I)					25	
26 Excess readership of	nsts (Sc	hedule J)					26	
27 Other deductions (at	tach set	nedule)					27	
28 Total deductions. A	dd lines	14 through 27					28	0.
29 Unrelated business t	axable ii	ncome before net operating	loss deduction. Subtrac	t line 2	8 from line 13		29	0.
		loss arising in tax years be						
·	-		-	-			30	0.
		ncome. Subtract line 30 fro					31	0.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

		Total Unrelated Business Taxal					
		unrelated business taxable income computed					0.
33	Amoun	ts paid for disallowed fringes				33	
34	Charita	34	0.				
	Total ur						
		ion for net operating loss arising in tax years b					
		unrelated business taxable income before spe					1 000
38		deduction (Generally \$1,000, but see line 38 i				38	1,000.
39		ted business taxable income. Subtract line 38	•				
<u> </u>	enter th	e smaller of zero or line 37				39	0.
		Tax Computation	001 040/ (0.04)			1 40	1 0
40		zations Taxable as Corporations. Multiply line			>	40	0.
41		Taxable at Trust Rates. See instructions for ta			_		
40		ax rate schedule or Schedule D (Form				41	
		ax. See instructions					
43	Toyon	tive minimum tax (trusts only)	no			43	+
44 45	Total /	Noncompliant Facility Income. See instruction add lines 42, 43, and 44 to line 40 or 41, which	nver annlies			45	0.
	V	Tax and Payments	τονοι αρφιίου			40	
		tax credit (corporations attach Form 1118; tru	usts attach Form 1116)	46a			
			olo utuatii i oiii i i i oj				
		business credit. Attach Form 3800					
		or prior year minimum tax (attach Form 8801 o					
		redits. Add lines 46a through 46d				46e	
		et line 46e from line 45					0.
48	Other to	exes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Othe	Ir (attach schedule)	48	
49	Total ta	ax. Add lines 47 and 48 (see instructions)				49	0.
50		et 965 tax liability paid from Form 965-A or For					0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019		51a			
b	2019 es	stimated tax payments		51b	2,400	•	
		oosited with Form 8868					
		organizations: Tax paid or withheld at source					
		withholding (see instructions)					
		or small employer health insurance premiums		51f			
g			rm 2439	.			
			her Total	,			2 400
52	lotal p	ayments. Add lines 51a through 51g	0000: "			52	<u>'</u>
		ed tax penalty (see instructions). Check if Forn				53	_
54 55		e. If line 52 is less than the total of lines 49, 50, yment. If line 52 is larger than the total of lines				54	2,400.
55 56		re amount of line 55 you want: Credited to 202			Refunded	56	2,400.
Part		Statements Regarding Certain				00	2,400
		time during the 2019 calendar year, did the org					Yes No
•		inancial account (bank, securities, or other) in	_		•		100
		Form 114, Report of Foreign Bank and Financi		-			
	here	>	,				Х
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or	transferor to, a for	eign trust?		X
	If "Yes,	see instructions for other forms the organizati	ion may have to file.				
59	Enter th	ne amount of tax-exempt interest received or ac	ccrued during the tax year 🕨 \$				
<u> </u>	Ui	nder penalties of perjury, I declare that I have examined prect, and complete. Declaration of preparer (other than	I this return, including accompanying schedules	and statements, and	to the best of my kr	nowledge	and belief, it is true,
Sign		orrect, and complete. Declaration of preparer (other than	1 47 4 0000		VE L	Mav the I	IRS discuss this return with
Here		Anne Marie Dougherty	17 Aug 2020 OFFIC	ER		the prepa	arer shown below (see
		Signature of officer	Date			instructio	
		Print/Type preparer's name	Preparer's signature	Date	Check	- 1	ΓIN
Paid		HELDI MIMBO	THE TOT MARKS	07/17/00	self- employe		001501706
Prep	arer			07/17/20			P01591796
Use	Only	Firm's name ► CLIFTONLARSO		1E 200	Firm's EIN	- 4	41-0746749
		l		'E 300	Dhono no	612	-376-4500
000711	01 07 00	•	о, MIN ЭЭ4UZ		Pilone no.	0 T Z -	
923/11	01-27-20						Form 990-T (2019)