

Form **990**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>26-1441650</b>
	Doing business as		<b>E</b> Telephone number <b>646-341-6879</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>13,485,077.</b>
	<b>1350 BROADWAY</b>	<b>905</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10018</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>ANNE MARIE DOUGHERTY</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.BOBWOODRUFFFOUNDATION.ORG</b>		<b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>NY</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FIND, FUND, SHAPE, AND ACCELERATE EQUITABLE SOLUTIONS THAT HELP OUR IMPACTED VETERANS,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>27</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>28</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>9,831,301.</b>	<b>Current Year</b> <b>13,343,732.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,394.</b>	<b>6,044.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,512.</b>	<b>-141,534.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,841,207.</b>	<b>13,208,242.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,278,473.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>3,164,387.</b>	<b>3,488,644.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>27,500.</b>	<b>45,000.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,349,650.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>3,424,123.</b>	<b>2,977,693.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>13,894,483.</b>	<b>16,943,377.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-4,053,276.</b>	<b>-3,735,135.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>18,074,090.</b>	<b>End of Year</b> <b>14,267,455.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>350,631.</b>	<b>281,896.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>17,723,459.</b>	<b>13,985,559.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>TODD DUSO, CFO/COO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HEIDI TATRO</b>	Preparer's signature <b>HEIDI TATRO</b>	Date <b>10/18/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01591796</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>	Phone no. <b>612-376-4500</b>		
Firm's address ▶ <b>220 S 6TH STREET, SUITE 300</b>		<b>MINNEAPOLIS, MN 55402</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FIND, FUND, SHAPE, AND ACCELERATE EQUITABLE SOLUTIONS THAT HELP OUR IMPACTED VETERANS, SERVICE MEMBERS, THEIR FAMILIES, AND THEIR CAREGIVERS THRIVE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 10,596,810. including grants of \$ 9,016,564. ) (Revenue \$ 0. ) IMPACT GRANT MAKING: BOB WOODRUFF FOUNDATION (BWF) FINDS, FUNDS AND SHAPES INNOVATIVE PROGRAMS THAT FOCUS ON POST-9/11 IMPACTED SERVICE MEMBERS, VETERANS, THEIR FAMILIES AND CAREGIVERS. BWF IDENTIFIES, INVESTS IN, AND IMPROVES EVIDENCE-BASED PROGRAMS, BOTH LOCAL AND NATIONAL, THAT ADDRESS THREE CORE ISSUE AREAS: HEALTH AND WELLBEING, STRONG COMMUNITIES, AND THOUGHT LEADERSHIP. BWF ALSO PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUAL IMPACTED SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES. THIS PROGRAM INCLUDES THE BWF VIVA FUND, WHICH PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS SEEKING IVF DUE TO SERVICE-RELATED FERTILITY CHALLENGES.

4b (Code: ) (Expenses \$ 1,826,836. including grants of \$ 281,366. ) (Revenue \$ 0. ) COMMUNITY PARTNERSHIPS: BWF MAINTAINS A ROBUST LOCAL PARTNER NETWORK THAT INCREASES THE COLLABORATIVE CAPACITY OF LOCAL COMMUNITIES TO STEWARD A NATIONAL ECOSYSTEM WORKING TO ACHIEVE OPTIMAL WELL-BEING FOR VETERANS AND THEIR FAMILIES, WHEREVER THEY ARE.

4c (Code: ) (Expenses \$ 2,281,939. including grants of \$ 1,134,110. ) (Revenue \$ 0. ) COMMUNITY NETWORKING: BWF PROVIDES INVESTMENTS TO EDUCATE AND INFORM THE PUBLIC AT THE LOCAL AND NATIONAL LEVEL ABOUT 1) THE EMERGING AND LONG-TERM NEEDS OF POST-9/11 IMPACTED VETERANS, SERVICE MEMBERS, THEIR FAMILIES, AND CAREGIVERS, AND 2) HOW TO ENSURE OUR HEROES, THEIR FAMILIES, AND CAREGIVERS THRIVE LONG AFTER SERVICE. BWF ALSO HOSTS A SERIES OF HIGH IMPACT COLLABORATION CONVENINGS ON A RANGE OF ISSUES THAT CAN DRIVE CHANGE. THE CONVENINGS ARE DESIGNED TO SPOTLIGHT LEADING-EDGE ADVANCES IN SELECT FIELDS AND TO GENERATE STRATEGIC PARTNERSHIPS AMONG GOVERNMENT, MILITARY, NONPROFIT AND CORPORATE STAKEHOLDERS THAT HAVE THE CAPACITY TO SUPPORT OUR MISSION.

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

4e Total program service expenses 14,705,585.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, IN, IA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STANLEY MARSHALL LAUCK CHIEF GROWTH AND MARKETING	60.00					X	278,797.	0.	136,850.	
(2) ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER	60.00			X			320,166.	0.	46,804.	
(3) MARGARET HARRELL CHIEF PROGRAM OFFICER	60.00					X	281,219.	0.	27,948.	
(4) TODD DUSO CFO/COO	60.00			X			277,913.	0.	22,404.	
(5) DAVE WOODRUFF CHIEF DEVELOPMENT OFFICER	60.00					X	272,616.	0.	21,337.	
(6) KELLY CLARK DIRECTOR OF STRATEGY	40.00					X	160,048.	0.	20,587.	
(7) ANDREA LAIRD- THROUGH 12/21 EXECUTIVE ASSISTANT	40.00					X	127,006.	0.	8,890.	
(8) COLIN HEFFRON CHAIRMAN	10.00	X		X			0.	0.	0.	
(9) LEE WOODRUFF VICE PRESIDENT	10.00	X		X			0.	0.	0.	
(10) STEVE CRAWFORD TREASURER	10.00	X		X			0.	0.	0.	
(11) EDWARD TOPTANI SECRETARY	10.00	X		X			0.	0.	0.	
(12) MARTHA RADDATZ DIRECTOR	2.00	X					0.	0.	0.	
(13) EILEEN LYNCH DIRECTOR	2.00	X					0.	0.	0.	
(14) GERRY BYRNE DIRECTOR	2.00	X					0.	0.	0.	
(15) BOB JEFFREY DIRECTOR	2.00	X					0.	0.	0.	
(16) CAROLINE HIRSCH DIRECTOR	2.00	X					0.	0.	0.	
(17) JAMES HNAT DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GENERAL MARTIN DEMPSEY DIRECTOR	2.00	X						0.	0.	0.
(19) ROB SHANAHAN DIRECTOR	2.00	X						0.	0.	0.
(20) CRAIG NEWMARK DIRECTOR	2.00	X						0.	0.	0.
(21) SUNI HARFORD DIRECTOR	2.00	X						0.	0.	0.
(22) LTG NADJA WEST DIRECTOR	2.00	X						0.	0.	0.
(23) L. THOMAS HILTZ DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,717,765.	0.	284,820.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,717,765.	0.	284,820.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MOTHERMAC, LLC 23 CLUB DRIVE, SUMMIT, NJ 07901	IT CONSULTING	182,600.
NORTON EDWARDS LLC 366 VAN WINKLE AVE, HAWTHORNE, NJ 07506	EVENT PRODUCTION	178,891.
THREE FURIES CONSULTING 524 MYRTLE AVENUE, BROOKLYN, NY 11205	DIGITAL COMMUNICATIONS	167,044.
SPECIAL PROJECTS MEDIA LLC, 333 HUDSON ST, SUITE 1005, NEW YORK, NY 10013	TALENT STRATEGY CONSULTING	166,418.
LINCOLN CENTER FOR PERFORMING ARTS INC., 70 LINCOLN CENTER PLAZA, 9TH FLOOR, NEW YORK, NY 10013	VENUE RENTAL	152,500.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	4,052,682.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,291,050.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 56,547.				
	<b>h Total.</b> Add lines 1a-1f			13,343,732.			
Program Service Revenue	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,725.			1,725.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	26,411.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	22,092.				
	<b>c</b> Gain or (loss)	<b>7c</b>	4,319.				
	<b>d</b> Net gain or (loss)			4,319.		4,319.	
<b>8 a</b> Gross income from fundraising events (not including \$ 4,052,682. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		93,000.				
<b>b</b> Less: direct expenses	<b>8b</b>	254,743.					
<b>c</b> Net income or (loss) from fundraising events			-161,743.		-161,743.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>	600099	20,209.		20,209.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			20,209.			
<b>12 Total revenue.</b> See instructions			13,208,242.	0.	0.	-135,490.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,139,830.	10,139,830.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	292,210.	292,210.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	667,287.	370,340.	186,855.	110,092.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,471,619.	1,736,647.	254,634.	480,338.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,028.	44,544.	3,340.	12,144.
<b>9</b> Other employee benefits	89,823.	66,734.	7,431.	15,658.
<b>10</b> Payroll taxes	199,887.	134,641.	27,714.	37,532.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	92,372.		92,372.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	45,000.			45,000.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,456,670.	1,102,821.	102,462.	251,387.
<b>12</b> Advertising and promotion	116,308.	89,015.	424.	26,869.
<b>13</b> Office expenses	177,359.	92,180.	41,983.	43,196.
<b>14</b> Information technology	92,972.	67,227.	8,491.	17,254.
<b>15</b> Royalties				
<b>16</b> Occupancy	315,978.	214,497.	31,395.	70,086.
<b>17</b> Travel	161,119.	98,070.	20,619.	42,430.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,295.	1,293.	447.	555.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	47,202.	38,427.	2,925.	5,850.
<b>23</b> Insurance	63,657.	44,560.	1,639.	17,458.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a DUES, BOOKS, AND SUBSCR</b>	244,883.	109,659.	37,338.	97,886.
<b>b ORGANIZATION EXPENSE</b>	69,180.	386.	56,404.	12,390.
<b>c GIFTS AND AWARDS</b>	62,107.	40,103.	8,385.	13,619.
<b>d FEES</b>	46,918.	1,685.	3,284.	41,949.
<b>e</b> All other expenses	28,673.	20,716.		7,957.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	16,943,377.	14,705,585.	888,142.	1,349,650.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,287,550.	901,285.	0.	386,265.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,056,811.	<b>1</b>	12,384,011.
	<b>2</b> Savings and temporary cash investments .....	529,791.	<b>2</b>	541,592.
	<b>3</b> Pledges and grants receivable, net .....	4,663,500.	<b>3</b>	883,791.
	<b>4</b> Accounts receivable, net .....	353,224.	<b>4</b>	19,093.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	46,225.	<b>8</b>	8,006.
	<b>9</b> Prepaid expenses and deferred charges .....	348,656.	<b>9</b>	338,122.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 495,302.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 402,462.	75,883.	<b>10c</b> 92,840.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		18,074,090.	<b>16</b>	14,267,455.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	332,674.	<b>17</b>	273,511.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	17,957.	<b>25</b>	8,385.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	350,631.	<b>26</b>	281,896.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,705,802.	<b>27</b>	12,038,159.
	<b>28</b> Net assets with donor restrictions .....	8,017,657.	<b>28</b>	1,947,400.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	17,723,459.	<b>32</b>	13,985,559.
	<b>33</b> Total liabilities and net assets/fund balances .....	18,074,090.	<b>33</b>	14,267,455.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,208,242.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,943,377.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,735,135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,723,459.
5	Net unrealized gains (losses) on investments	5	-2,765.
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	13,985,559.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9161766.	16611564.	20152162.	9831301.	13343732.	69100525.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9161766.	16611564.	20152162.	9831301.	13343732.	69100525.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						28457635.
<b>6 Public support.</b> Subtract line 5 from line 4.						40642890.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	9161766.	16611564.	20152162.	9831301.	13343732.	69100525.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7,065.	2,823.		8,210.	1,725.	19,823.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	16,666.	35,611.	532.	2,512.	20,209.	75,530.
<b>11 Total support.</b> Add lines 7 through 10						69195878.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	93,000.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	58.74 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	63.79 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**BOB WOODRUFF FAMILY FOUNDATION, INC.**

Employer identification number

**26-1441650**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization  <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number  <b>26-1441650</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>6,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>577,589.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number  <b>26-1441650</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>BOB WOODRUFF FAMILY FOUNDATION, INC.</b>	Employer identification number  <b>26-1441650</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

2021

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,511.	12,013.	3,498.
d Equipment		76,932.	30,273.	46,659.
e Other		402,859.	360,176.	42,683.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>92,840.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DEFERRED RENT</b>	<b>8,385.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>8,385.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,123,925.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,765.	
b	Donated services and use of facilities	2b	4,663,705.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	254,743.	
e	Add lines 2a through 2d	2e	4,915,683.	
3	Subtract line 2e from line 1		3	13,208,242.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,208,242.

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

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

1	Total expenses and losses per audited financial statements		1	21,861,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	4,663,705.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	254,743.	
e	Add lines 2a through 2d	2e	4,918,448.	
3	Subtract line 2e from line 1		3	16,943,377.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,943,377.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

EVENT EXPENSES 254,743.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		STAND UP FOR HEROES (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	4,145,682.		4,145,682.
	2	Less: Contributions	4,052,682.		4,052,682.
	3	Gross income (line 1 minus line 2)	93,000.		93,000.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	54,950.		54,950.
	7	Food and beverages			
	8	Entertainment	110,000.		110,000.
	9	Other direct expenses	89,793.		89,793.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			254,743.
11	Net income summary. Subtract line 10 from line 3, column (d)			-161,743.	

**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.

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARMED SERVICES ARTS PARTNERSHIP 901 W ST NW #807 WASHINGTON, DC 20001	47-4007504	501C3	150,000.	0.	N/A	N/A	ARTS PROGRAMMING FOR VETERANS
ARMED SERVICES YMCA 14040 CENTRAL LOOP, SUITE B WOODBIDGE, VA 22193	36-3274346	501C3	108,893.	0.	N/A	N/A	COVID-19 EMERGENCY FOOD ASSISTANCE
BASTION COMMUNITY OF RESILIENCE 1901 MIRABEAU AVE. NEW ORLEANS, LA 70122	27-4383654	501C3	96,578.	0.	N/A	N/A	VIRTUAL WELLNESS CENTER
BAY AREA LEGAL SERVICES 1302 NORTH 19TH STREET TAMPA, FL 33605	59-1171886	501C3	65,000.	0.	N/A	N/A	BAY AREA LEGAL SERVICES, INC.
BERKELEY FOOD AND HOUSING PROJECT 3225 ADELIN STREET BERKELEY, CA 94703	94-2979073	501C3	100,000.	0.	N/A	N/A	SUPPORTING HOMELESS VETERANS & THEIR FAMILIES
BLACK VETERANS FOR SOCIAL JUSTICE, INC. - 665 WILLOUGHBY AVE - BROOKLYN, NY 11206	11-2608983	501C3	23,869.	0.	N/A	N/A	FOOD ASSISTANCE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 157.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 10.**

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

Schedule I (Form 990) 2021

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

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE STAR FAMILIES 515 VERBENA COURT ENCINITAS, CA 92024	80-0369895	501C3	10,000.	0.	N/A	N/A	WHITE OAK COLLABORATIVE MANAGEMENT
BUNKER LABS NFP INC 125 S. CLARK ST., 17TH FLOOR CHICAGO, IL 60603	47-1474802	501C3	160,000.	0.	N/A	N/A	LAUNCH LAB ONLINE PROGRAM FOR MILITARY-CONNECTED ENTREPRENEURS
CAPITOL AREA FOOD BANK INC. 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017	52-1167581	501C3	80,000.	0.	N/A	N/A	FOOD ASSISTANCE SUPPORT FOR MILITARY FAMILIES AND VETERANS
CATHOLIC SOCIAL SERVICES 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501C3	41,000.	0.	N/A	N/A	HOMELESS FAMILY SERVICES: SUPPORTIVE SERVICES FOR VETERANS & FAMILIES
CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES - 1616 RHODE ISLAND AVE, NW - WASHINGTON, DC 20036	52-1501082	501C3	200,000.	0.	N/A	N/A	THE PATH FORWARD: LONG-TERM SOLUTIONS TO FOOD INSECURITY AMONG U.S. VETERANS AND
CENTER FOR VETERANS ISSUES LTD 3400 W WISCONSIN AVENUE MILWAUKEE, WI 53208	39-1712359	501C3	50,000.	0.	N/A	N/A	JOB TRAINING AND EMPLOYMENT PLACEMENT IN THE FOOD SERVICE INDUSTRY
CITY HARVEST 6 EAST 32ND STREET, 5TH FLOOR NEW YORK, NY 10016	13-3170676	501C3	300,000.	0.	N/A	N/A	CITY HARVEST EMERGENCY FOOD RESCUE AND DISTRIBUTION
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE, THIRD FLOOR NEW YORK, NY 10017	13-3634381	501C3	300,000.	0.	N/A	N/A	WEEKEND MEALS FOR HOMEBOUND, ELDERLY VETERANS IN NEW YORK CITY
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE, THIRD FLOOR NEW YORK, NY 10017	13-3634381	501C3	300,000.	0.	N/A	N/A	WEEKEND MEALS FOR HOMEBOUND, ELDERLY VETERANS IN NEW YORK CITY

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CLEAR PATH FOR VETERANS NEW ENGLAND - PO BOX 2073, 84 ANTIETAM STREET - DEVENS, MA 01434	82-0681735	501C3	32,945.	0.	N/A	N/A	CASE MANAGEMENT SUPPORTING VETERANS' HEALTH & WELL-BEING
CLEARHOPE COUNSELING AND WELLNESS 6021 FAIRMONT PKWY, STE 200 PASADENA, TX 77505	82-5487029	N/A	19,760.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
CODE OF SUPPORT FOUNDATION 4220 KING STREET ALEXANDRIA, VA 22302	27-3485502	501C3	30,000.	0.	N/A	N/A	CASE COORDINATION
COLLIER COUNTY HUNGER & HOMELESS COALITION, INC - PO BOX 9202 - NAPLES, FL 34101	04-3610154	501C3	20,000.	0.	N/A	N/A	GAP FUND
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD. NEW HAVEN, CT 06519	22-2511873	501C3	25,000.	0.	N/A	N/A	COVID-19 EMERGENCY RELIEF FOR COLUMBUS HOUSE'S VETERANS
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501C3	100,000.	0.	N/A	N/A	SERVICE COORDINATION
CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST RD, GROUND FLOOR WEST HAVEN, CT 06516	27-0963659	501C3	150,000.	0.	N/A	N/A	REMOVING LEGAL BARRIERS
EASTER SEALS OF GREATER HOUSTON, INC. - 4888 LOOP CENTRAL DRIVE, SUITE 200 - HOUSTON, TX 77081	74-1238418	501C3	5,120.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
EASTER SEALS OF GREATER HOUSTON, INC. - 4888 LOOP CENTRAL DRIVE, SUITE 200 - HOUSTON, TX 77081	74-1238418	501C3	81,614.	0.	N/A	N/A	CASE MANAGEMENT; EMERGENCY FINANCIAL ASSISTANCE; HOMELESS AND HOUSING SERVICES

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EASTER SEALS TRISTATE (EASTERSEALS SERVING GREATER CINCINNATI) - 2901 GILBERT AVENUE - CINCINNATI, OH 45206	31-0873433	501C3	50,700.	0.	N/A	N/A	EMPLOYMENT SERVICES AND CASE MANAGEMENT
FAMILY ENDEAVORS, INC. DBA ENDEAVORS - 6363 DE ZAVALA RD - SAN ANTONIO, TX 78249	23-7223078	501C3	149,493.	0.	N/A	N/A	CLINICAL MENTAL HEALTH; EMERGENCY FINANCIAL ASSISTANCE
FAMILY HOUSTON P.O. BOX 70068 HOUSTON, TX 77270	74-1152613	501C3	100,000.	0.	N/A	N/A	CASE MANAGEMENT AND EMERGENCY FINANCIAL ASSISTANCE
FLAGSTAFF SHELTER SERVICES, INC. P.O. BOX 1808 FLAGSTAFF, AZ 86002	20-4921369	501C3	25,008.	0.	N/A	N/A	FLAGSTAFF SHELTER SERVICES' VETERANS SHELTER & HOUSING PROGRAM
FLOURISH BEHAVIORAL HEALTH AND WELLNESS, PLLC - 23010 GABRIEL SUITE 202 - NEW CANEY, TX 77357	84-4207168	N/A	6,680.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
FOOD BANK OF NEW YORK CITY PO BOX 470 HARTSDALE, NY 10530	13-3179546	501C3	300,000.	0.	N/A	N/A	EMERGENCY FOOD DISTRIBUTION TO VETERANS
FOOD OUTREACH, INC. 3117 OLIVE STREET ST. LOUIS, MO 63103	43-1492878	501C3	50,000.	0.	N/A	N/A	MEDICALLY TAILORED MEALS FOR VETERANS WITH DIABETES
GEORGE W. BUSH INSTITUTE 2943 SMU BLVD. DALLAS, TX 75205	20-4119317	501C3	40,000.	0.	N/A	N/A	DEFINING AND MEASURING HIGH QUALITY CARE FOR INVISIBLE WOUNDS
GROCERY DELIVER E-SERVICES USA, INC - 28 LIBERTY STREET, 10TH FLOOR - NEW YORK, NY 10005	45-5349819	N/A	156,000.	0.	N/A	N/A	MEALS WITH MEANING

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HEADSTRONG PROJECT PO BOX 412572 BOSTON, MA 02241	45-5261907	501C3	25,000.	0.	N/A	N/A	2021 HEADSTRONG BENEFIT GALA
HEAVEN SOUTH INC. (THE STORE) PO BOX 128287 NASHVILLE, TN 37212	81-4247568	501C3	80,000.	0.	N/A	N/A	THE STORE
HOME FRONT MILITARY NETWORK 1120 N. CIRCLE DRIVE, SUITE 230 COLORADO SPRINGS, CO 80909	20-0778121	501C3	25,200.	0.	N/A	N/A	HOME FRONT MILITARY NETWORK EMERGENCY RELIEF 2021
HOPE COMMUNITY SERVICES INC. 6100 S. WALKER AVE. OKLAHOMA CITY, OK 73139	73-1098634	501C3	84,600.	0.	N/A	N/A	VETERANS PROGRAM
HVAF OF INDIANA 964 NORTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	35-1890547	501C3	100,000.	0.	N/A	N/A	EMPLOYMENT PROGRAM
INJURED MARINE SEMPER FI FUND 825 COLLEGE BOULEVARD, SUITE 102, P OCEANSIDE, CA 92057	26-0086305	501C3	75,000.	0.	N/A	N/A	SERVICE MEMBER AND FAMILY SUPPORT PROGRAM
INNER CITY LAW CENTER 1309 E. 7TH ST. LOS ANGELES, CA 90021	95-3697572	501C3	95,610.	0.	N/A	N/A	LEGAL SERVICES
INTREPID MUSEUM FOUNDATION PIER 86 W 46TH ST AND 12TH AVE NEW YORK, NY 10036	13-3062419	501C3	10,375.	0.	N/A	N/A	SPONSORSHIP
IRAQ AND AFGHANISTAN VETERANS OF AMERICA - 85 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	20-1664531	501C3	30,000.	0.	N/A	N/A	IAVA BOB WOODRUFF FOUNDATION PARTNERSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LONE STAR LEGAL AID 500 JEFFERSON, 12TH FLOOR HOUSTON, TX 77002	74-1537787	501C3	100,000.	0.	N/A	N/A	LEGAL SERVICES
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N. WASHINGTON STREET, STE 400 - ALEXANDRIA, VA 22314	22-1905062	501C3	25,000.	0.	N/A	N/A	NEW YORK LEATHERNECK CAMPAIGN BALL
MAYOR'S FUND TO ADVANCE NEW YORK CITY - 253 BROADWAY, 6TH FLOOR - NEW YORK, NY 10007	13-3783906	501C3	18,500.	0.	N/A	N/A	VETERAN'S DAY BREAKFAST AND LP SELF ASSESSMENT TOOL
MENTAL HEALTH AMERICA OF LOS ANGELES - 200 PINE AVE, #400 - LONG BEACH, CA 90802	95-1881491	501C3	100,000.	0.	N/A	N/A	GROCERY ASSISTANCE FOR VETERANS AND THEIR FAMILIES
MENTAL HEALTH AMERICA OF LOS ANGELES - 200 PINE AVENUE #400 - LONG BEACH, CA 90802	95-1881491	501C3	50,000.	0.	N/A	N/A	FOOD ASSISTANCE AND PROMOTION OF HEALTHY DIETS
MILITARY FAMILY ADVISORY NETWORK 22015 W. 66TH ST., BOX 860635 SHAWNEE, KS 66286	46-3173337	501C3	277,500.	0.	N/A	N/A	COMBAT MILITARY HUNGER: FOOD SUPPORT AND UNDERSTANDING ROOT CAUSES
MILITARY SPOUSE CORPORATE CAREER NETWORK INC - 5445 MURRELL ROAD, SUITE 102-177 - VIERA, FL 32955	20-2071552	501C3	75,000.	0.	N/A	N/A	EMPLOYMENT SERVICES
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS - 1000 UNIVERSITY AVE W, SUITE 10 - SAINT PAUL, MN 55104	41-1694717	501C3	75,400.	0.	N/A	N/A	COMPREHENSIVE SERVICES FOR HOMELESS VETERANS
MOVE UNITED 451 HUNGERFORD DRIVE, SUITE 608 ROCKVILLE, MD 20850	94-6174016	501C3	50,000.	0.	N/A	N/A	UNDAUNTED

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MOVE UNITED 451 HUNGERFORD DRIVE, SUITE 608 ROCKVILLE, MD 20850	94-6174016	501C3	426,250.	0.	N/A	N/A	STRENGTHENING AND EXPANDING THE USA WHEELCHAIR FOOTBALL LEAGUE AND VETERAN
MT. CARMEL VETERANS SERVICE CENTER 530 COMMUNICATION CIRCLE COLORADO SPRINGS, CO 80905	81-1652178	501C3	50,000.	0.	N/A	N/A	EMERGENCY SUPPORT FOR VETERAN FAMILIES IMPACTED BY COVID-19
NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	94-3025807	501C3	20,000.	0.	N/A	N/A	ADAPTIVE SPORTS
NATIONAL COALITION FOR HOMELESS VETERANS - 1730 M STREET NW SUITE 705 - WASHINGTON, DC 20036	52-1826860	501C3	10,000.	0.	N/A	N/A	THE 2021 VIRTUAL NCHV ANNUAL CONFERENCE
NATIONAL VETERANS FOUNDATION 5777 W. CENTURY BLVD, STE 350 LOS ANGELES, CA 90045	95-3994750	501C3	45,020.	0.	N/A	N/A	HOMELESS AND HOUSING SERVICES
NEXTOP, INC. 2929 MCKINNEY STREET HOUSTON, TX 77003	47-1492345	501C3	150,000.	0.	N/A	N/A	EMPLOYMENT SERVICES
OPERATION STAND DOWN TENNESSEE 1125 12TH AVE S NASHVILLE, TN 37203	62-1638832	501C3	75,000.	0.	N/A	N/A	FOOD ASSISTANCE
PENTAGON FEDERAL CREDIT UNION FOUNDATION - 2930 EISENHOWER AVE. - ALEXANDRIA, VA 22314	54-2062271	501C3	25,000.	0.	N/A	N/A	MILITARY HEROES FUND EMERGENCY FINANCIAL ASSISTANCE PROGRAM
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK ON BEHALF OF HUNTER COLLE - 230 WEST 41ST STREET - NEW YORK, NY 10036	13-1988190	501C3	156,948.	0.	N/A	N/A	EDUCATION SERVICES AND CASE MANAGEMENT

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RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501C3	99,999.	0.	N/A	N/A	CASE MANAGEMENT
SALUTE, INC. 18 N. BOTHWELL STREET PALATINE, IL 60067	06-1718308	501C3	50,000.	0.	N/A	N/A	EMERGENCY FINANCIAL ASSISTANCE PROGRAM
SAN ANTONIO FOOD BANK 5200 ENRIQUE M. BARRERA PARKWAY SAN ANTONIO, TX 78227	74-2122979	501C3	60,000.	0.	N/A	N/A	FOOD RELIEF FOR VETERANS AND MILITARY FAMILIES
SAN FRANCISCO FLEET WEEK ASSOCIATION - 1104 SANCHEZ STREET - SAN FRANCISCO, CA 94114	27-2832209	501C3	10,000.	0.	N/A	N/A	FLEET WEEK
SUPPORT THE ENLISTED PROJECT, INC. (STEP) - 9915 BUSINESSPARK AVENUE, SUITE A - SAN DIEGO, CA 92131	20-3051279	501C3	65,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - 401 VAN NESS AVE., SUITE 313 - SAN FRANCISCO, CA 94102	94-2260626	501C3	102,000.	0.	N/A	N/A	HOUSING, FOOD, AND SUPPORTIVE SERVICES FOR VETERANS
TAMPA CROSSROADS, INC. 5109 N. NEBRASKA AVE. TAMPA, FL 33603	59-1743719	501C3	25,000.	0.	N/A	N/A	FOOD AND TRANSPORTATION ASSISTANCE
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N. CENTRAL AVE, SUITE 1550 - PHOENIX, AZ 85012	86-0975231	501C3	150,000.	0.	N/A	N/A	COMPREHENSIVE COMMUNITY CONNECTION
THE CAMPAIGN AGAINST HUNGER 2010 FULTON ST BROOKLYN, NY 11233	20-0934854	501C3	38,994.	0.	N/A	N/A	FOOD ASSISTANCE

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THE EXPERT SERIES 1675 YORK AVENUE, SUITE 8B NEW YORK, NY 10128	80-0936188	N/A	7,000.	0.	N/A	N/A	U.S. VETS VIRTUAL CONFERENCE SPONSORSHIP
THE HONOR FOUNDATION 11055 ROSELLE STREET, SUITE 120 SAN DIEGO, CA 92121	46-2952873	501C3	75,000.	0.	N/A	N/A	TRANSITION SERVICES
THE MISSION CONTINUES PO BOX 776792 CHICAGO, IL 60677	20-8742553	501C3	375,000.	0.	N/A	N/A	EMPOWERING VETERAN-LED SERVICE PLATOONS ACROSS THE COUNTRY
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	N/A	103,825.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD, STE. 300 - ARLINGTON, VA 22201	92-0152268	501C3	25,000.	0.	N/A	N/A	TAPS HONOR GUARD GALA
TRUSTEES OF BOSTON UNIVERSITY, BUMC - P.O. BOX 28763 - NEW YORK, NY 10087	04-2103547	501C3	123,700.	0.	N/A	N/A	WOVEN
TRUSTEES OF PURDUE UNIVERSITY HANLEY HALL, ROOM 210 WEST LAFAYETTE, IN 47907	35-6002041	501C3	97,563.	0.	N/A	N/A	REACHING RURAL VETERANS
TUESDAY'S CHILDREN 390 PLANDOME ROAD, SUITE 215 MANHASSET, NY 11030	52-2347446	501C3	100,000.	0.	N/A	N/A	SOCIAL CONNECTION; EDUCATION SERVICES; EMPLOYMENT SERVICES
UNITED SERVICE ORGANIZATIONS 2111 WILSON BOULEVARD, SUITE 1200 ARLINGTON, VA 22201	13-1610451	501C3	171,800.	0.	N/A	N/A	FIGHTING FOOD INSECURITY

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UNITED STATES VETERANS INITIATIVE (U.S.VETS) - 800 WEST SIXTH STREET, SUITE 1505 - LOS ANGELES, CA 90017	95-4382752	501C3	150,000.	0.	N/A	N/A	HOMELESS AND HOUSING SERVICES
UNITED WAY OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK, NY 11729	11-6042392	501C3	75,000.	0.	N/A	N/A	SAFE AT HOME FOR VETERANS
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33129	59-0830840	501C3	50,000.	0.	N/A	N/A	MISSION UNITED - WARRIOR RESILIENCY PROJECT
UNIVERSITY OF CALIFORNIA, LOS ANGELES FOUNDATION - PO BOX 7145 - PASADENA, CA 91109	95-2250801	501C3	200,042.	0.	N/A	N/A	UCLA MEALS PARTNERSHIP PROGRAM
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	N/A	10,000.	0.	N/A	N/A	SAN ANTONIO VIRTUAL COMBAT PTSD CONFERENCE ON OCTOBER 20-21, 2021
UPPER PENINSULA VETERANS COMMUNITY ACTION TEAM - P.O. BOX 606 - ESCANABA, MI 49829	38-1957176	501C3	50,000.	0.	N/A	N/A	VETERANS FOOD DISTRIBUTION AND ASSISTANCE/RESOURCE FAIRS
UPSTATE WARRIOR SOLUTION P.O. BOX 27232 GREENVILLE, SC 29616	46-1699670	501C3	24,842.	0.	N/A	N/A	EMERGENCY COVID-19 FUNDING
UT HEALTH SCIENCE CENTER, TRAUMA AND RESILIENCE CENTER - 1941 EAST ROAD - HOUSTON, TX 77054	74-1761309	N/A	31,177.	0.	N/A	N/A	BWF STRONG STAR TRAINING INITIATIVE CLINICAL STIPEND
VETERANS BRIDGE HOME 4117 PARK RD., BOX 11966 CHARLOTTE, NC 28209	45-2350728	501C3	100,000.	0.	N/A	N/A	SERVICE COORDINATION

Schedule I (Form 990)

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VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 64131	47-4960735	501C3	50,000.	0.	N/A	N/A	SERVICE COORDINATION
VETERANS EMPOWERMENT ORGANIZATION OF GEORGIA - 373 WEST LAKE AVENUE, NW - ATLANTA, GA 30318	80-0219022	501C3	75,000.	0.	N/A	N/A	HOMELESS SERVICES
VETERANS LEGAL INSTITUTE 1231 WARNER AVENUE TUSTIN, CA 92780	47-1608069	501C3	50,000.	0.	N/A	N/A	VIRTUAL VETERANS PRO BONO LEGAL CLINICS
VETERANS LEGAL SERVICES, INC. PO BOX 8457 BOSTON, MA 02114	04-3212264	501C3	42,314.	0.	N/A	N/A	VETERANS LEGAL SERVICES
VETERANS YOGA PROJECT PO BOX 6472 ALAMEDA, CA 94501	45-3606064	501C3	22,575.	0.	N/A	N/A	MINDFUL RESILIENCE FOR COMPASSION FATIGUE
VOLUNTEERS OF AMERICA OF FLORIDA, INC - 405 CENTRAL AVE, SUITE 100 - ST. PETERSBURG, FL 33701	58-1856992	501C3	135,000.	0.	N/A	N/A	CASE MANAGEMENT; EMERGENCY FINANCIAL ASSISTANCE; HOMELESS AND HOUSING SERVICES
WEST TEXAS COUNSELING AND GUIDANCE 242 NORTH MAGDALEN ST SAN ANGELO, TX 76903	75-1561599	501C3	80,020.	0.	N/A	N/A	WEST TEXAS COUNSELING & GUIDANCE'S VETERANS SERVICE PROGRAM
WORKING WARDROBES FOR A NEW START 2000 E. MCFADDEN AVE., SUITE 100 SANTA ANA, CA 92705	33-0669145	501C3	50,000.	0.	N/A	N/A	VETNET - A SAFETY NET FOR VETERANS
ALLEGIANT GIVING CORPORATION 4465 GRANITE DRIVE ROCKLIN, CA 95677	27-4856683	501C3	15,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY - 20 TWENTIETH STREET - ASHEVILLE, NC 28806	56-0945001	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
CITY OF LACEY 420 COLLEGE STREET SE LACEY, WA 98503	91-0819427	GOVERNMENT: CITY	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
CLEAR PATH FOR VETERANS INC 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513	501C3	22,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
CLEAR PATH FOR VETERANS NEW ENGLAND - 8 CHICATABUT AVE - NORFOLK, MA 02056	82-0681735	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
COMBINED ARMS 2929 MCKINNEY ST HOUSTON, TX 77003	47-5648923	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
EAST TEXAS VETERANS COMMUNITY COUNCIL (ETVCC) - P.O. BOX 392 - FLINT, TX 75762	82-4140973	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
FORCES UNITED 701 GREENE STREET AUGUSTA, GA 30901	26-1176267	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
FOX VALLEY VETERANS COUNCIL, INC. 2 N SYSTEMS DRIVE APPLETON, WI 54914	27-1009699	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
GATEWAY COMMUNITY VETERANS ENGAGEMENT BOARD - 7273 NORTHMOOR DRIVE - ST. LOUIS, MO 63105	84-3617068	501C3	17,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GIGO FUND P.O. BOX 1777 NEW BRUNSWICK, NJ 08903	20-4990937	501C3	55,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
GOODWILL INDUSTRIES OF INLAND NORTHWEST - 130 E. THIRD AVENUE - SPOKANE, WA 99202	91-0597006	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
GOODWILL INDUSTRIES OF MICHIANA INC. - 1805 W WESTERN AVE - SOUTH BEND, IN 46619	35-1093073	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
GREATER BOSTON VETERANS COLLABORATIVE - 77 WARREN STREET - BRIGHTON, MA 02135	26-1318242	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
HAWAII VET 2 VET INC. 550 HALEKAUWILA STREET HONOLULU, HI 96813	46-3851550	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
HOME FRONT MILITARY NETWORK 1120 N CIRCLE DRIVE COLORADO SPRINGS, CO 80909	20-0778121	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
ILLINOIS JOINING FORCES FOUNDATION 211 SOUTH CLARK STREET #1161 CHICAGO, IL 60604	47-2152382	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
INTERFAITH COMMUNITY OUTREACH PO BOX 1663 KILL DEVIL HILLS, NC 27948	22-3902355	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
LADY VETERANS CONNECT, INC 980 DEPORRES AVENUE LEXINGTON, KY 40511	46-0848546	501C3	17,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LAKE COUNTY VETERANS AND FAMILY SERVICES FOUNDATION - 100 S ATKINSON ROAD, UNIT 110 - GRAYSLAKE, IL 60030	45-4739957	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
LINCOLN COMMUNITY FOUNDATION INC. 215 CENTENNIAL MALL SOUTH, SUITE 10 LINCOLN, NE 68508	47-0458128	501C3	7,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
MO'S HEROES, INC. 2287 RIDGE MANOR DRIVE FAYETTEVILLE, NC 28306	46-2837585	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
MONTANA JOINING COMMUNITY FORCES P.O. BOX 4417 HELENA, MT 59604	81-3033831	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
MTSU FOUNDATION - VETERANS ENRICHMENT ACCOUNT - 1301 EAST MAIN STREET, MTSU BOX 74 - MURFREESBORO, TN 37132	62-0695507	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
NAMI WISCONSIN, INC. 4233 WEST BELTLINE HWY MADISON, WI 53711	39-1397227	501C3	7,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
NEW MEXICO VETERANS INTEGRATION CENTERS - 13032 CENTRAL AVE SE - ALBUQUERQUE, NM 87123	55-0901604	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
NORTHEAST INDIANA BASE COMMUNITY COUNCIL - P.O. BOX 25506 - FORT WAYNE, IN 46825	45-3537037	501C4	7,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
NORTHERN VIRGINIA VETERANS ASSOCIATION - P.O. BOX 10253 - MANASSAS, VA 20108	47-3097023	501C3	17,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ONEVET ONEVOICE 401 VAN NESS AVENUE, SUITE 101 SAN FRANCISCO, CA 94102	46-3725724	501C3	15,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
OPERATION MILITARY FAMILY CARES 19807 80TH PLACE W EDMONDS, WA 98026	45-4643068	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
PAMLICO ROSE INSTITUTE FOR SUSTAINABLE COMMUNITIES - P.O. BOX 264 - WASHINGTON, NC 27899	81-3179260	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
R3SM, INC. P.O. BOX 1506 HATTIESBURG, MS 39403	26-1666534	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
REGION 9 VETERANS COMMUNITY ACTION TEAM (R9VCAT) - 5860 GEDDES ROAD - SUPERIOR TWP, MI 48198	81-5122939	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
SAN DIEGO VETERANS COALITION 3860 CALLE FORTUNADA, SUITE 101 SAN DIEGO, CA 92123	45-3180885	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
SAN LUIS OBISPO VETERAN SERVICES COLLABORATIVE - P.O. BOX 14014 - SAN LUIS OBISPO, CA 93401	82-3188207	501C3	17,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
SECOND HARVEST INLAND NORTHWEST 1234 E. FRONT AVENUE SPOKANE, WA 99202	23-7173826	501C3	20,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVICEMEMBER AGRICULTURAL VOCATION EDUCATION GROUP (SAVE FARM) - 212 SOUTH 4TH STREET, SUITE 130 - MANHATTAN, KS 66502	81-0734441	501C3	17,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
SOCHE 3155 RESEARCH BLVD, SUITE 204 KETTERING, OH 45420	23-7109141	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA ST , SUITE 230 LOS ANGELES, CA 90012	95-2831058	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
STARFISH FOUNDATION, INC 2437 N BOOTH STREET MILWAUKEE, WI 53212	39-1847399	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
STATE OF WYOMING - WYOMING MILITARY DEPARTMENT - 5410 BISHOP BLVD - CHEYENNE, WY 82009	83-0208667	GOVERNMENT: STAT	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
STILL SERVING VETERANS 626 CLINTON AVE, SUITE 200 HUNTSVILLE, AL 35801	20-4515040	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
SUPPORT SIOUXLAND SOLDIERS 1551 INDIAN HILLS DRIVE, SUITE 102 SIOUX CITY, IA 51104	26-0456700	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N CENTRAL AVE, SUITE 1550 - PHOENIX, AZ 85012	86-0975231	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
THE JOEL FUND P.O. BOX 98837 RALEIGH, NC 27624	47-5179326	501C3	17,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE REVEILLE FOUNDATION 16093 WEST CORONADO RD. GOODYEAR, AZ 85338	83-3062783	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
THE USA VETERAN AND MILITARY SUPPORT FOUNDATION, INC. - 1015 SOUTH INNER ROAD - BUZZARD'S BAY, MA 02542	84-2831704	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
THE WARRIOR ALLIANCE, INC 1000 ABERNATHY ROAD, SUITE L-10 SANDY SPRINGS, GA 30028	47-1049454	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
TRI-CITIES MILITARY AFFAIRS COUNCIL (TC-MAC) - 555 EAST MAIN STREET, SUITE 104CD - KINGSPOUR, TN 37660	46-2142491	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
TRI-COUNTY VETERANS SUPPORT NETWORK - 2859 SWEETLEAF LANE - JOHND ISLAND, SC 29455	90-0959126	501C3	7,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
UNITED WAY OF ADAMS COUNTY: TRI-STATE VETERAN REFERRAL INITIATIVE - 936 BROADWAY, SUITE F - QUINCY, IL 62301	37-0673476	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
UNITED WAY OF CENTRAL GEORGIA, INC 277 MARTIN LUTHER KING JR. BLVD, SU MACON, GA 31202	58-0639811	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
UNITED WAY OF LAKE & SUMTER COUNTIES - 32644 BLOSSON LANE - LEESBURG, FL 34788	59-1143758	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
UNITED WAY OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK, NY 11729	11-6042392	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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UNITED WAY OF MIAMI-DADE 3250 SW 3 AVENUE MIAMI, FL 33129	59-0830840	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
UNIVERSITY OF SOUTH DAKOTA FOUNDATION: CENTER FOR DISABILITIES - 1110 N DAKOTA STREET - VERMILLION, SD 57069	46-6018891	501C3	12,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
UNIVERSITY OF SOUTHERN MISSISSIPPI FOUNDATION - 118 COLLEGE DRIVE #5210 - HATTIESBURG, MS 39406	64-6022505	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
UPPER PENINSULA COMMISSION FOR AREA PROGRESS (UPCAP) - P.O. BOX 606 - ESCANABA, MI 49829	38-1957176	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VETERAN VILLAGE USA 5386 KELLY ROAD FLINT, MI 48504	83-3376834	501C3	22,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VETERAN VILLAGES OF AMERICA, INC. 1807 PICKERING LANE LITTLE ROCK, AZ 72211	46-2339524	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VETERANS COALITION OF SAN LUIS VALLEY - P.O. BOX 975 - ALAMOSA, CO 81101	82-4765394	501C3	7,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VETERANS OF FOREIGN WARS POST 577 1109 E 6TH STREET TULSA, OK 74120	23-7431280	501C3	7,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VETERANS OUTREACH CENTER 447 SOUTH AVENUE ROCHESTER, NY 14620	16-1137379	501C3	32,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS SUPPORT COUNCIL, INC. 2457 E WASHINGTON STREET, SUITE F INDIANAPOLIS, IN 46201	46-4747247	501C3	5,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VETFLIX, INC 3 MYOPIA HILL ROAD BROOKLINE, NH 03033	45-0823819	501C3	17,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VETS 4 VETS SANTA CRUZ 842 FRONT STREET SANTA CRUZ, CA 95060	45-3697584	501C3	32,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
VOLUNTEERS OF AMERICA MID- STATES 570 S 4TH STREET SUITE 100 LOUISVILLE, KY 40202	61-0480950	501C3	12,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
WELCOME HOME ALLIANCE FOR VETERANS OF MONTROSE - 4 HILCREST PLAZA WAY - MONTROSE, CO 81401	45-4103919	501C3	7,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
WEST MICHIGAN VETERANS COALITION (REGION 4 VCAT) - P.O. BOX 355 - HUDSONVILLE, MI 49426	81-1709342	501C3	17,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
WEST TEXAS COUNSELING AND GUIDANCE, VETERAN SERVICES - 242 N MAGDALEN STREET - SAN ANGELO, TX 76903	75-1561599	501C3	7,500.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL
WORKING WARDROBES 2000 E. MCFADDEN AVE., SUITE 100 SANTA ANA, CA 92705	33-0669145	501C3	20,000.	0.	N/A	N/A	LP FOOD INSECURITY AND SELF ASSESMENT TOOL

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL RESPITE/RECREATION/SOCIALIZATION	30	950.	13,233.	FMV	TRAVEL COSTS
IVF FINANCIAL ASSISTANCE	58	267,007.	0.	N/A	N/A
CLINICAL STIPENDS TO TRAIN MENTAL HEALTH PROVIDERS IN THE TEXAS GULF COAST REGION	7	11,020.	0.	N/A	N/A

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

**PART I, LINE 2:**

GRANT MONIES ARE RESTRICTED FOR A SPECIFIC USE. AS A CONDITION OF THE GRANT, THE BOB WOODRUFF FAMILY FOUNDATION, INC. ASKS THE GRANTEE TO SUBMIT A NARRATIVE AND FINANCIAL REPORT ON THE USE OF THE FUNDS NO LATER THAN A SPECIFIED DATE. THE REPORT SHOULD CONTAIN A BRIEF DESCRIPTION OF THE ACTIVITIES, RESULTS, AND PROBLEMS (IF ANY) WHICH WERE INVOLVED IN EXECUTING THE PROGRAM.

**PART II, LINE 1, COLUMN (H):**

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PATH FORWARD: LONG-TERM

SOLUTIONS TO FOOD INSECURITY AMONG U.S. VETERANS AND MILITARY FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: MOVE UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING AND EXPANDING THE USA

WHEELCHAIR FOOTBALL LEAGUE AND VETERAN OUTREACH AMBASSADOR PROGRAM

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**BOB WOODRUFF FAMILY FOUNDATION, INC.**

Employer identification number

**26-1441650**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STANLEY MARSHALL LAUCK CHIEF GROWTH AND MARKETING	(i)	222,547.	56,250.	0.	108,149.	28,701.	415,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER	(i)	242,286.	77,880.	0.	13,499.	33,305.	366,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET HARRELL CHIEF PROGRAM OFFICER	(i)	224,969.	56,250.	0.	26,000.	1,948.	309,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TODD DUSO CFO/COO	(i)	196,663.	81,250.	0.	11,250.	11,154.	300,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVE WOODRUFF CHIEF DEVELOPMENT OFFICER	(i)	216,366.	56,250.	0.	0.	21,337.	293,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KELLY CLARK DIRECTOR OF STRATEGY	(i)	160,048.	0.	0.	19,500.	1,087.	180,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 MARSHALL LAUCK- DEFERRED SEVERANCE PAYMENT, \$93,575

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	36,630.	COST
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1,020	19,917.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number

26-1441650

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

SERVICE MEMBERS, THEIR FAMILIES, AND THEIR CAREGIVERS THRIVE.

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

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

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

DAVE WOODRUFF AND LEE WOODRUFF - FAMILY RELATIONSHIP. DAVE WOODRUFF BECAME  
AN EMPLOYEE OF THE FOUNDATION AS THE CHIEF DEVELOPMENT OFFICER. LEE  
WOODRUFF DOES NOT PARTICIPATE IN ANY COMPENSATION DISCUSSIONS REGARDING  
DAVE WOODRUFF.

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

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

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

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARY DATA FROM SEVERAL SOURCES TO ENSURE THE COMPENSATION IS IN LINE WITH SIMILAR ORGANIZATIONS. THE DECISION IS DOCUMENTED VIA EMAIL COMMUNICATIONS BETWEEN COMMITTEE MEMBERS. THIS WAS MOST RECENTLY COMPLETED IN 2022.

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 2021.

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:

Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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THE FORM 990 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 UPON REQUEST AND ON  
 THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF  
 INTEREST POLICY WOULD BE AVAILABLE UPON REQUEST.

FORM 990 PART XII LINE 2C  
 THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.