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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization BOB WOODRUFF FAMILY FOUNDATION, INC.		D Employer identification number 26-1441650
	Doing business as		E Telephone number 646-341-6879
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,810,970.
	1350 BROADWAY	905	H(a) 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 NEW YORK, NY 10018		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
F Name and address of principal officer: ANNE MARIE DOUGHERTY SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.BOBWOODRUFFFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 2007 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FIND, FUND, SHAPE, AND ACCELERATE EQUITABLE SOLUTIONS THAT HELP OUR IMPACTED VETERANS,		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,343,732.	Current Year 29,406,828.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,044.	48,669.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-141,534.	-222,645.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,208,242.	29,232,852.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,432,040.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,488,644.	3,606,256.
16a Professional fundraising fees (Part IX, column (A), line 11e)		45,000.	75,000.
b Total fundraising expenses (Part IX, column (D), line 25)		1,826,441.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,977,693.	5,010,346.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,943,377.	16,711,846.
19 Revenue less expenses. Subtract line 18 from line 12	-3,735,135.	12,521,006.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,267,455.	End of Year 26,709,098.
	21 Total liabilities (Part X, line 26)	281,896.	199,621.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,985,559.	26,509,477.

Part II Signature Block

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

Sign Here	<i>Anne Marie Dougherty</i> Signature of officer CA9B3B8F49B6483	Date 6/21/2023
Paid Preparer Use Only	Print/Type preparer's name HEIDI TATRO	Preparer's signature HEIDI TATRO
	Firm's name CLIFTONLARSONALLEN LLP	Date 06/01/23
	Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/>
		PTIN P01591796
		Firm's EIN 41-0746749
		Phone no. 612-376-4500

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 [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,850,502. including grants of \$ 7,237,009.) (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 \$ 1,556,255. including grants of \$ 0.) (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 \$ 3,620,397. including grants of \$ 783,235.) (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 14,027,154.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	69
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		35
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
TODD DUSO - 646-905-5610
1350 BROADWAY, SUITE 905, NEW YORK, NY 10018

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, box 6 of 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) ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER	60.00			X			339,803.	0.	51,044.	
(2) TODD DUSO CFO/COO	60.00			X			293,205.	0.	28,677.	
(3) MARGARET HARRELL CHIEF PROGRAM OFFICER	60.00				X		279,909.	0.	38,023.	
(4) DAVE WOODRUFF CHIEF DEVELOPMENT OFFICER	60.00				X		244,826.	0.	26,790.	
(5) KELLY CLARK CHIEF OF STAFF	40.00				X		216,412.	0.	20,405.	
(6) DINA SHAPIRO EXEC. DIR. EVENTS/SPECIAL PROJECTS	40.00				X		176,054.	0.	41,424.	
(7) KEITH WHITCOMB SENIOR DIRECTOR OF OPERATIONS	40.00				X		133,574.	0.	2,552.	
(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.
1b Subtotal								1,683,783.	0.	208,915.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,683,783.	0.	208,915.

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 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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
GOOD SENSE & CO PRODUCTION SERVICES, LLC 45 MAIN ST. SUITE 424, BROOKLYN, NY 11201	EVENT PRODUCTION	682,012.
LINCOLN CENTER FOR PERFORMING ARTS INC., 70 LINCOLN CENTER PLAZA, 9TH FLOOR, NEW YORK, NY 10017	VENUE RENTAL/CATERING/AUDI	384,110.
MOTHERMAC, LLC 23 CLUB DRIVE, SUMMIT, NJ 07901	IT CONSULTING	193,800.
THE LEDE COMPANY 780 3RD AVE, 9TH FLOOR, NEW YORK, NY 10017	COMMUNICATION SERVICES	169,404.
AMPLIFIED DIGITAL PO BOX 4690, CAROL STREAM, IL 60197	COMMUNICATION SERVICES	157,171.

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,244,586.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,162,242.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 126,566.				
	h Total. Add lines 1a-1f		29,406,828.				
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		48,669.			48,669.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 4,244,586. of contributions reported on line 1c). See Part IV, line 18	8a		300,850.				
			578,118.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-277,268.			-277,268.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	600099	54,623.		54,623.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			54,623.			
12 Total revenue. See instructions			29,232,852.	0.	0.	-173,976.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,714,777.	7,714,777.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	305,467.	305,467.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	712,730.	498,911.	116,107.	97,712.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,440,368.	1,559,561.	241,975.	638,832.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,533.	43,333.	6,125.	14,075.
9 Other employee benefits	186,114.	127,130.	21,382.	37,602.
10 Payroll taxes	203,511.	132,611.	22,973.	47,927.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	115,957.		115,957.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	75,000.			75,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,534,545.	2,052,888.	117,173.	364,484.
12 Advertising and promotion	225,014.	171,325.	2,010.	51,679.
13 Office expenses	151,159.	93,668.	30,825.	26,666.
14 Information technology	342,301.	239,857.	34,137.	68,307.
15 Royalties				
16 Occupancy	425,268.	329,704.	32,952.	62,612.
17 Travel	467,863.	342,074.	31,002.	94,787.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	198,290.	166,156.	6,556.	25,578.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,953.	39,477.	4,492.	8,984.
23 Insurance	58,734.	13,177.	2,879.	42,678.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES, BOOKS, AND SUBSCR	307,679.	168,535.	36,079.	103,065.
b FEES	47,571.	6,978.	2,219.	38,374.
c GIFTS AND AWARDS	42,330.	17,895.	9,433.	15,002.
d ORGANIZATION EXPENSE	34,087.	246.	23,975.	9,866.
e All other expenses	6,595.	3,384.		3,211.
25 Total functional expenses. Add lines 1 through 24e	16,711,846.	14,027,154.	858,251.	1,826,441.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	1,786,592.	1,250,614.	0.	535,978.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	12,384,011.	1	7,880,277.
	2 Savings and temporary cash investments	541,592.	2	
	3 Pledges and grants receivable, net	883,791.	3	3,151,320.
	4 Accounts receivable, net	19,093.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,006.	8	8,007.
	9 Prepaid expenses and deferred charges	338,122.	9	399,367.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 341,361.		
	b Less: accumulated depreciation	10b 288,702.	92,840.	10c 52,659.
	11 Investments - publicly traded securities		11	15,217,468.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,267,455.	16	26,709,098.	
Liabilities	17 Accounts payable and accrued expenses	273,511.	17	199,621.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,385.	25	0.
	26 Total liabilities. Add lines 17 through 25	281,896.	26	199,621.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,038,159.	27	21,155,008.
	28 Net assets with donor restrictions	1,947,400.	28	5,354,469.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,985,559.	32	26,509,477.
	33 Total liabilities and net assets/fund balances	14,267,455.	33	26,709,098.

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	29,232,852.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,711,846.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,521,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,985,559.
5	Net unrealized gains (losses) on investments	5	2,912.
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	26,509,477.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16611564.	20152162.	9831301.	13343732.	29406828.	89345587.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16611564.	20152162.	9831301.	13343732.	29406828.	89345587.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20094180.
6 Public support. Subtract line 5 from line 4.						69251407.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	16611564.	20152162.	9831301.	13343732.	29406828.	89345587.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,823.		8,210.	1,725.	48,669.	61,427.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,611.	532.	2,512.	20,209.	54,623.	113,487.
11 Total support. Add lines 7 through 10						89520501.
12 Gross receipts from related activities, etc. (see instructions)					12	393,850.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	77.36 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	58.74 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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 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>		
2a		
2b		
3a		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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	Total annual distributions. 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

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

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 35,611.

2019 AMOUNT: \$ 532.

2020 AMOUNT: \$ 2,512.

2021 AMOUNT: \$ 20,209.

2022 AMOUNT: \$ 54,623.

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 for the latest information.

OMB No. 1545-0047

2022

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 BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,950,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>5,574,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>15,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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

2022

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts required to be reported under FASB ASC 958.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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				
d Equipment		66,006.	25,014.	40,992.
e Other		275,355.	263,688.	11,667.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				52,659.

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)		
Total. (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)		
Total. (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)	
Total. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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	39,986,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,912.
b	Donated services and use of facilities	2b	10,172,479.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	578,118.
e	Add lines 2a through 2d	2e	10,753,509.
3	Subtract line 2e from line 1	3	29,232,852.
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	29,232,852.

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	27,462,443.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,172,479.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	578,118.
e	Add lines 2a through 2d	2e	10,750,597.
3	Subtract line 2e from line 1	3	16,711,846.
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	16,711,846.

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 578,118.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

EVENT EXPENSES 578,118.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
COMMUNITY COUNSELING SERVICES CO LLC - 527 MADISON AVENUE,	FUNDRAISING DATA ANALYTICS, RESEARCH AND		X	0.	75,000.	-75,000.
Total					75,000.	-75,000.

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

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

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))
		VETERANS GOLF CLASSIC (event type)	STAND UP FOR HEROES (event type)	NONE (total number)	
Revenue	1	Gross receipts	241,850.	4,303,586.	4,545,436.
	2	Less: Contributions	223,600.	4,020,986.	4,244,586.
	3	Gross income (line 1 minus line 2)	18,250.	282,600.	300,850.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	22,280.	195,089.	217,369.
	7	Food and beverages	13,500.	90,970.	104,470.
	8	Entertainment		102,500.	102,500.
	9	Other direct expenses	14,999.	138,780.	153,779.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			578,118.
11	Net income summary. Subtract line 10 from line 3, column (d)			-277,268.	

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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: COMMUNITY COUNSELING SERVICES CO LLC

(I) ADDRESS OF FUNDRAISER:

527 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10022

(II) ACTIVITY: FUNDRAISING DATA ANALYTICS, RESEARCH AND STRATEGIC PLANNING

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
ALPHA OMEGA VETERANS SERVICES, INC. - 1183 MADISON AVE - MEMPHIS, TN 38104	58-1761468	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
AMERICAN BAR ASSOCIATION 321 NORTH CLARK STREE CHICAGO, IL 60654	36-0723150	501(C)(6)	7,635.	0.	N/A	N/A	DISCHARGE UPGRADE MANUAL
AMERICAN HEROES FOR NORTH CAROLINA 2618- A BATTLEGROUND AVE GREENSBORO, NC 27408	47-5500360	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
ARMED SERVICES ARTS PARTNERSHIP 2461 EISENHOWER AVE ALEXANDRIA, VA 22314	47-4007504	501(C)(3)	10,000.	0.	N/A	N/A	EVENT SPONSORSHIP: ASAP COMBAT TO COMEDY NYC
ARMED SERVICES ARTS PARTNERSHIP 2461 EISENHOWER AVE, FLOOR 2 ALEXANDRIA, VA 22314	47-4007504	501(C)(3)	150,000.	0.	N/A	N/A	PROVIDE EVIDENCE-BASED COMMUNITY ARTS PROGRAMMING TO 550 VETERANS, SERVICE
ARMED SERVICES YMCA OF THE USA 14040 CENTRAL LOOP, SUITE B WOODBIDGE, VA 22193	36-3274346	501(C)(3)	130,025.	0.	N/A	N/A	1) IMPROVE THE FINANCIAL WELLBEING OF 85 ACTIVE-DUTY MILITARY HOUSEHOLDS BY INCREASING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **127.**

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990)

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

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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
ARMY WEEK ASSOCIATION 61 E 95TH ST. NEW YORK, NY 10018	13-3783906	501(C)(3)	6,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY - 20 TWENTIETH STREET ASHEVILLE - ASHEVILLE, NC 28806	56-0945001	501(C)(3)	20,800.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
BASTION COMMUNITY OF RESILIENCE 1901 MIRABEAU AVENUE NEW ORLEANS, LA 70122	27-4383654	501(C)(3)	138,122.	0.	N/A	N/A	INCREASE FOOD SECURITY AND IMPROVE OVERALL HEALTH AND INDEPENDENCE FOR AT LEAST 50 VETERAN
BASTION COMMUNITY OF RESILIENCE 1901 MIRABEAU AVENUE NEW ORLEANS, LA 70122	27-4383654	501(C)(3)	50,000.	0.	N/A	N/A	GOT YOUR 6 EVENT CONTEST WINNER
BAY AREA LEGAL SERVICES, INC. 1302 NORTH 19TH STREET TAMPA, FL 33605	59-1171886	501(C)(3)	125,000.	0.	N/A	N/A	PROVIDE LEGAL SERVICES TO REMOVE BARRIERS TO WELLBEING AND IMPROVE QUALITY OF LIFE AND
BERKELEY FOOD AND HOUSING PROJECT 3225 ADELIN STREET BERKELEY, CA 94703	94-2979073	501(C)(3)	100,000.	0.	N/A	N/A	ENSURE AT LEAST 500 VETERANS EXPERIENCING HOMELESSNESS AND/OR FOOD INSECURITY REGAIN
BLUE STAR FAMILIES 515 VERBENA COURT ENCINITAS, CA 92024	80-0369895	501(C)(3)	10,000.	0.	N/A	N/A	WHITE OAK COLLABORATIVE MANAGEMENT
BLUE STAR FAMILIES 515 VERBENA COURT ENCINITAS, CA 92024	80-0369895	501(C)(3)	20,000.	0.	N/A	N/A	WHITE OAK COLLABORATIVE MANAGEMENT
CHILDREN'S RESEARCH TRIANGLE 70 EAST LAKE STREET CHICAGO, IL 60601	36-4236142	501(C)(3)	51,542.	0.	N/A	N/A	PROVIDE EVIDENCE-BASED MENTAL HEALTH TREATMENT AND PSYCHOEDUCATION TO 18 VETERAN OR MILITARY

Schedule I (Form 990)

Schedule I (Form 990)

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

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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
CITY OF FARGO 225 4TH ST N FARGO, ND 58102	45-6002069	115	6,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
CITY OF LACEY 420 COLLEGE STREET SE LACEY LACEY, WA 98503	91-0819427	115	15,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE, THIRD FLOOR NEW YORK, NY 10017	13-3634381	501(C)(3)	86,250.	0.	N/A	N/A	DECREASE HUNGER FOR AT LEAST 1,600 VETERANS IN NEW YORK CITY BY PROVIDING WEEKEND MEALS
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	13-3634381	501(C)(3)	50,000.	0.	N/A	N/A	DECREASE HUNGER FOR AT LEAST 1,600 VETERANS IN NEW YORK CITY BY PROVIDING WEEKEND MEALS
CLEAR PATH FOR VETERANS INC 1223 SALT SPRINGS ROAD CHITTENANGO - CHITTENANGO, NY 13037	27-5206513	501(C)(3)	5,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
CLEAR PATH FOR VETERANS NEW ENGLAND - 8 CHICATABUT AVE NORFOLK - NORFOLK, MA 02056	82-0681735	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
CLEAR PATH FOR VETERANS, INC. 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513	501(C)(3)	22,000.	0.	N/A	N/A	THE GOAL OF THIS GRANT IS TO ENSURE THAT AT LEAST 75 VETERAN AND MILITARY HOUSEHOLDS LIVING IN
CODE OF SUPPORT FOUNDATION 4220 KING STREET ALEXANDRIA, VA 22302	27-3485502	501(C)(3)	25,000.	0.	N/A	N/A	PROVIDE CASE COORDINATION, FINANCIAL COUNSELING, AND BENEFITS ASSISTANCE TO HELP AT
COLUMBUS HOUSE, INC. 586 ELLA T GRASSO BLVD. NEW HAVEN, CT 06519	22-2511873	501(C)(3)	30,000.	0.	N/A	N/A	PROVIDE TRANSITIONAL HOUSING AND CASE MANAGEMENT TO AT LEAST 35 VETERANS EXPERIENCING

Schedule I (Form 990)

Schedule I (Form 990)

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

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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
COMBINED ARMS 2929 MCKINNEY ST HOUSTON, TX 77003	47-5648923	501(C)(3)	21,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST RD, GROUND GL. WEST HAVEN, CT 06516	27-0963659	501(C)(3)	175,000.	0.	N/A	N/A	INCREASE ACCESS TO AFFORDABLE AND SUSTAINABLE HOUSING SOLUTIONS FOR AT LEAST
DALE K GRAHAM VETERANS FOUNDATION 1268 NORTH INTERSTATE DR NORMAN, OK 73072	47-5518844	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
EAST TEXAS VETERANS COMMUNITY COUNCIL (ETVCC) - P.O. BOX 392 FLINT - FLINT, TX 75762	82-4140973	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
ELIZABETH DOLE FOUNDATION 600 NEW HAMPSHIRE AVE WASHINGTON, DC 20037	45-4292692	501(C)(3)	20,000.	0.	N/A	N/A	HIDDEN HELPERS EDUCATIONAL WEBINAR SERIES
EMORY UNIVERSITY 12 EXECUTIVE PARK DR NE SUITE 170 ATLANTA, GA 30329	58-0566256	501(C)(3)	250,000.	0.	N/A	N/A	IMPROVE THE MENTAL HEALTH OF AT LEAST 50 VETERAN OR MILITARY HOUSEHOLDS BY PROVIDING HYBRID AND/OR
FAMILY ENDEAVORS, INC. DBA ENDEAVORS - 6363 DE ZAVALA RD - SAN ANTONIO, TX 78249	23-7223078	501(C)(3)	225,000.	0.	N/A	N/A	PROVIDE 100 VETERANS WITH EVIDENCE-BASED TREATMENT FOR SUBSTANCE USE AND CO-OCCURRING DISORDERS TO
FAMILY HOUSTON 4625 LILLIAN STREET HOUSTON, TX 77007	74-1152613	501(C)(3)	115,000.	0.	N/A	N/A	IMPROVE HOUSING AND FINANCIAL STABILITY FOR 75 VETERAN HOUSEHOLDS THROUGH A COMBINATION OF
FORCES UNITED 701 GREENE STREET AUGUSTA, GA 30901	26-1176267	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS

Schedule I (Form 990)

Schedule I (Form 990)

BOB WOODRUFF FAMILY FOUNDATION, INC.

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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
FOX VALLEY VETERANS COUNCIL, INC. 2 N SYSTEMS DRIVE APPLETON APPLETON, WI 54914	27-1009699	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
GATEWAY COMMUNITY VETERANS ENGAGEMENT BOARD - 7273 NORTHMOOR DRIVE ST. LOUIS - ST. LOUIS, MO 63105	84-3617068	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
GIGO FUND P.O. BOX 1777 NEW BRUNSWICK, NJ 08903	20-4990937	501(C)(3)	28,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
GOODWILL INDUSTRIES OF INLAND NORTHWEST - 130 E. THIRD AVENUE SPOKANE - SPOKANE, WI 99202	91-0597006	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
GOODWILL INDUSTRIES OF MICHIANA INC. - 1805 W WESTERN AVE - SOUTH BEND, IN 46619	35-1093073	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
GREATER BOSTON VETERANS COLLABORATIVE - 77 WARREN STREET - BRIGHTON, MA 02135	26-1318242	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
HEADSTRONG PROJECT, INC. 530 7TH AVENUE, SUITE 1406 NEW YORK, NY 10018	45-5261907	501(C)(3)	150,000.	0.	N/A	N/A	PROVIDE EVIDENCE-BASED TREATMENT TO IMPROVE MENTAL HEALTH OUTCOMES FOR 75 VETERANS
HEART OF FLORIDA UNITED WAY, INC. 1940 CANNERY WAY ORLANDO, FL 32804	59-0808854	501(C)(3)	25,000.	0.	N/A	N/A	EMERGENCY RESPONSE - HURRICANE IAN
HOME FRONT MILITARY NETWORK 1120 N CIRCLE DRIVE COLORADO SPRINGS, CO 80909	20-0778121	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS

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(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
HVAF OF INDIANA, INC. 964 NORTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	35-1890547	501(C)(3)	85,000.	0.	N/A	N/A	SECURE FULL-TIME EMPLOYMENT FOR 50 VETERANS BY PROVIDING EDUCATION, TRAINING,
ILLINOIS JOINING FORCES FOUNDATION 211 SOUTH CLARK STREET #1161 CHICAGO CHICAGO, IL 60604	47-2152382	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
INDIANHEAD COMMUNITY ACTION AGENCY, INC. - 1000 WEST COLLEGE AVE - LADYSMITH, WI 54848	39-1086966	501(C)(3)	10,000.	0.	N/A	N/A	ADDRESS THE URGENT NEEDS OF 31 VETERAN/MILITARY HOUSEHOLDS BY PROVIDING TEMPORARY HOUSING,
INDIANHEAD COMMUNITY ACTION AGENCY, INC. - 1000 WEST COLLEGE AVE - LADYSMITH, WI 54848	39-1086966	501(C)(3)	5,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
INNER CITY LAW CENTER 1309 E. 7TH ST. LOS ANGELES, CA 90021	95-3697572	501(C)(3)	113,250.	0.	N/A	N/A	PROVIDE CIVIL LEGAL AID FOR AT LEAST 40 VETERANS SERVED BY THE WEST LA VAMC'S H-PACT TO ADDRESS
INTERFAITH COMMUNITY OUTREACH PO BOX 1663 KILL DEVIL HILLS DEVIL HILLS, NC 27948	22-3902355	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
IRAQ AND AFGHANISTAN VETERANS OF AMERICA - 85 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	20-1664531	501(C)(3)	100,000.	0.	N/A	N/A	PACT ACT MESSAGING AND POLLING
IRAQ AND AFGHANISTAN VETERANS OF AMERICA - 85 BROAD STREET - NEW YORK, NY 10004	20-1664531	501(C)(3)	25,000.	0.	N/A	N/A	PROVIDE PEER SUPPORT AND COMPREHENSIVE CASE MANAGEMENT TO 150 VETERANS TO IMPROVE THEIR
ISLAND HARVEST, LTD 126 SPAGNOLI ROAD MELVILLE, NY 11747	11-3136350	501(C)(3)	51,750.	0.	N/A	N/A	DECREASE HUNGER AND INCREASE ACCESS TO FOOD FOR 2,700 FOOD INSECURE VETERANS IN LONG ISLAND

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LADY VETERANS CONNECT, INC 980 DEPORRES AVENUE LEXINGTON LEXINGTON, KY 40511	46-0848546	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
LAKE COUNTY VETERANS AND FAMILY SERVICES FOUNDATION - 100 S ATKINSON ROAD - GRAYSLAKE, IL 60030	45-4739957	501(C)(3)	20,800.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOCIATION, INC. - 100 EAST ROBINSON STREET - ORLANDO, FL 32801-1602	59-1208322	501(C)(3)	75,000.	0.	N/A	N/A	PROVIDE LEGAL SERVICES TO DECREASE BARRIERS TO WELLBEING AND IMPROVE QUALITY OF LIFE FOR AT
LONE STAR LEGAL AID P. O. BOX 398 HOUSTON, TX 77001	74-1537787	501(C)(3)	35,000.	0.	N/A	N/A	PROVIDE LEGAL SERVICES TO ADDRESS SERVICE-RELATED LEGAL ISSUES THAT REMOVE BARRIERS TO WELLBEING AND
MASS GENERAL BRIGHAM INCORPORATED & AFFILIATES - 125 NASHUA STREET, SUITE 540 - BOSTON, MA 02114	04-1564655	501(C)(3)	250,000.	0.	N/A	N/A	HOME BASE, A RED SOX FOUNDATION AND MASSACHUSETTS GENERAL HOSPITAL PROGRAM: PROVIDE
MCKEAN COUNTY 500 WEST MAIN STREET SMETHPORT, PA 16749	25-6001039	115	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
MIDWEST SHELTER FOR HOMELESS VETERANS - 433 SOUTH CARLTON AVENUE - WHEATON, IL 60187	36-4337985	501(C)(3)	50,000.	0.	N/A	N/A	IMPROVE THE HOUSING STABILITY OF 20 VETERANS WHO ARE HOMELESS OR AT-RISK OF HOMELESSNESS
MILITARY FAMILY ADVISORY NETWORK 22015 W. 66TH ST. SHAWNEE, KS 66286	46-3173337	501(C)(3)	43,313.	0.	N/A	N/A	FORT HOOD FOOD DISTRIBUTION
MILITARY FAMILY ADVISORY NETWORK 22015 W. 66TH ST., BOX 860635 SHAWNEE, KS 66286	46-3173337	501(C)(3)	80,000.	0.	N/A	N/A	FORT BRAGG FOOD DISTRIBUTION AND GOT YOUR 6 EVENT CONTEST WINNER

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MINNESOTA ASSISTANCE COUNCIL FOR VETERANS - 1000 UNIVERSITY AVENUE W. - ST. PAUL, MN 55104	41-1694717	501(C)(3)	75,000.	0.	N/A	N/A	PROVIDE A COMBINATION OF EMPLOYMENT SERVICES AND BENEFITS ASSISTANCE TO 50 VETERANS TO IMPROVE THEIR
MONTANA JOINING COMMUNITY FORCES P.O. BOX 4417 HELENA, MT 59604	81-3033831	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
MO'S HEROES, INC. 2287 RIDGE MANOR DRIVE FAYETTEVILLE - FAYETTEVILLE, NC 28306	46-2837585	501(C)(3)	8,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
MOVE UNITED 451 HUNGERFORD DRIVE #608 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	50,000.	0.	N/A	N/A	USA WHEELCHAIR FOOTBALL LEAGUE TOURNAMENT
MOVE UNITED 451 HUNGERFORD DRIVE #608 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	135,000.	0.	N/A	N/A	1) PROVIDE VETERANS IN LOS ANGELES WITH BETTER ACCESS TO IMPROVE THEIR PHYSICAL AND MENTAL
MOVE UNITED 451 HUNGERFORD DRIVE #608 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	503,000.	0.	N/A	N/A	1) EXPAND AND SUPPORT A SUSTAINABLE INFRASTRUCTURE THAT GIVES AT LEAST 125 VETERANS THE
MTSU FOUNDATION - VETERANS ENRICHMENT ACCOUNT - 1301 EAST MAIN STREET - MURFREESBORO, TN 37132	62-0695507	501(C)(3)	15,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
NAM VETS ASSOCIATION OF THE CAPE AND ISLANDS - 247 STEVENS ST. SUITE E - HYANNIS, MA 02601	22-2747295	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	94-3025807	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE RECREATIONAL AND ADAPTIVE SPORTS OPPORTUNITIES FOR 150 VETERANS AND THEIR

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NEW YORK UNIVERSITY 550 1ST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	100,000.	0.	N/A	N/A	STEVEN A. COHEN MILITARY FAMILY CLINIC AT NYU LANGONE HEALTH: IMPROVE THE MENTAL HEALTH OF 35
NORTHERN VIRGINIA VETERANS ASSOCIATION - P.O. BOX 10253 MANASSAS - MANASSAS, VA 20108	47-3097023	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
OHIO STATE UNIVERSITY FOUNDATION 901 WOODY HAYES DRIVE COLUMBUS, OH 43210	31-6025986	501(C)(3)	150,157.	0.	N/A	N/A	STRIVE (SUICIDE AND TRAUMA REDUCTION INITIATIVE FOR VETERANS): PROVIDE EVIDENCE-BASED
ONEVET ONEVOICE 401 VAN NESS AVE SAN FRANCISCO, CA 94102	46-3725724	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
OPERATION COMEDY 7027 LANDWOOD AVE HOLLYWOOD, CA 90028	27-1612447	501(C)(3)	25,000.	0.	N/A	N/A	EVENT SPONSORSHIP - OPERATION COMEDY
OPERATION MILITARY FAMILY CARES 19807 80TH PLACE W EDMONDS EDMONDS, WA 98026	45-4643068	501(C)(3)	15,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
OPERATION OPPORTUNITY FOUNDATION, DBA WARRIOR-SCHOLAR PROJECT - 1012 14TH ST NW #1200 - WASHINGTON, WA 20005	45-2745669	501(C)(3)	100,000.	0.	N/A	N/A	ENSURE EQUITABLE ACCESS TO HIGHER EDUCATION FOR 108 VETERANS THROUGH ACADEMIC BOOT CAMP
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE NASHVILLE, TN 37203	62-1638832	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(C)(3)	50,000.	0.	N/A	N/A	GOT YOUR 6 EVENT CONTEST WINNER

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OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(C)(3)	110,000.	0.	N/A	N/A	INCREASE ACCESS TO BASIC NEEDS, EARNED BENEFITS, AND ADDITIONAL SUPPORTIVE SERVICES FOR 500 VETERAN
PAMLICO ROSE INSTITUTE FOR SUSTAINABLE COMMUNITIES - P.O. BOX 264 WASHINGTON - WASHINGTON, NC 27899	81-3179260	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
PATHWAYS TO HOUSING DC 828 EVARTS STREET NORTHEAST WASHINGTON, DC 20018	37-1464353	501(C)(3)	10,000.	0.	N/A	N/A	IMPROVE THE STABILITY OF 55 VETERANS BY INCREASING ACCESS TO CASE MANAGEMENT SERVICES FOR CLIENTS
REGION 9 VETERANS COMMUNITY ACTION TEAM (R9VCAT) - 5860 GEDDES ROAD SUPERIOR TWP - SUPERIOR TWP, MI 48198	81-5122939	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK ON BEHALF OF HUNTER COLLEGE - 2180 THIRD AVENUE	13-1988190	501(C)(3)	83,000.	0.	N/A	N/A	PROJECT FOR RETURN AND OPPORTUNITY IN VETERANS EDUCATION (PROVE): IMPROVE PSYCHOLOGICAL
REVELLE FOUNDATION 500 NORTH ESTRELLA PARKWAY SUITE B2 GOODYEAR, AZ 85338	83-3062783	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
ROSALYNN CARTER INSTITUTE FOR CAREGIVERS, INC. - PO BOX 647 - AMERICUS, GA 31709	84-5152046	501(C)(3)	125,000.	0.	N/A	N/A	PROVIDE ONE-ON-ONE COACHING TO 63 VETERAN CAREGIVERS TO IMPROVE THEIR OVERALL HEALTH AND
RUTGERS UNIVERSITY FOUNDATION WINANTS HALL, 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	111,421.	0.	N/A	N/A	VETS4WARRIORS: PROVIDE PEER SUPPORT AND CONNECT AT LEAST 425 VETERANS AND FAMILIES TO SERVICES THAT
SAN DIEGO VETERANS COALITION 3860 CALLE FORTUNADA SAN DIEGO, CA 92123	45-3180885	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS

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SAN FRANCISCO FLEET WEEK ASSOCIATION - PO BOX 460880 - SAN FRANCISCO, CA 94114	27-2832209	501(C)(3)	15,000.	0.	N/A	N/A	EVENT SPONSORSHIP
SAN LUIS OBISPO VETERAN SERVICES COLLABORATIVE - P.O. BOX 14014 SAN LUIS OBISPO - OBISPO, CA 93401	82-3188207	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
SERVICEMEMBER AGRICULTURAL VOCATION EDUCATION GROUP (SAVE FARM) - 9680 N. 52ND STREET RILEY - RILEY, KS 66531	81-0734441	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
SERVICES FOR THE UNDERSERVED, INC. 463 SEVENTH AVENUE, 17TH FLOOR NEW YORK, NY 10018	91-1918247	501(C)(3)	248,242.	0.	N/A	N/A	PROVIDE EMPLOYMENT SERVICES, CASE MANAGEMENT, AND FINANCIAL ASSISTANCE FOR HOUSING
SOCHE 3155 RESEARCH BLVD KETTERING, OH 45420	23-7109141	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
SOUTHEAST LOUISIANA LEGAL SERVICES, CORP. - P.O. BOX 2867 - HAMMOND, LA 70404-2867	72-0877422	501(C)(3)	100,000.	0.	N/A	N/A	PROVIDE LEGAL SERVICES TO REMOVE BARRIERS TO WELLBEING AND IMPROVE QUALITY OF LIFE FOR AT
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA ST LOS ANGELES, CA 90012	95-2831058	501(C)(3)	20,800.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
STARFISH FOUNDATION, INC 2437 N BOOTH STREET MILWAUKEE MILWAUKEE, WI 53212	39-1847399	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
STATE OF WYOMING - WYOMING MILITARY DEPARTMENT - 5410 BISHOP BLVD CHEYENNE - CHEYENNE, WY 82009	83-0208667	115	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS

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STILL SERVING VETERANS 626 CLINTON AVE W. HUNTSVILLE, AL 35801	20-4515040	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
SUPPORT SIOUXLAND SOLDIERS 1551 INDIAN HILLS DRIVE SIOUX CITY, IA 51104	26-0456700	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
SWORDS TO PLOWSHARES 401 VAN NESS AVE., SUITE 313 SAN FRANCISCO, CA 94102	94-2260626	501(C)(3)	100,000.	0.	N/A	N/A	EXPAND STAFF AND ON-SITE SUPPORTIVE SERVICES TO PROVIDE EXTENDED SERVICE HOURS IN EVENINGS AND ON
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N CENTRAL AVE - PHEONIX, AZ 85012	86-0975231	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
THE GOOD NEWS COMMUNITY KITCHEN 308 POPLAR ALLEY #B P.O. BOX 465 OCCOQUAN, VA 22125	47-4432561	501(C)(3)	15,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
THE JOEL FUND P.O. BOX 98837 RALEIGH RALEIGH, NC 27624	47-5179326	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
THE MISSION CONTINUES 1141 S 7TH STREET ST. LOUIS, MO 63104	20-8742553	501(C)(3)	21,000.	0.	N/A	N/A	KICKOFF EVENT AND COMMUNITY GARDEN GREENING
THE MISSION CONTINUES 1141 S 7TH STREET ST. LOUIS, MO 63104	20-8742553	501(C)(3)	75,000.	0.	N/A	N/A	INCREASE SOCIAL CONNECTEDNESS AND IMPROVE THE MENTAL HEALTH OF 8,000 VETERANS
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN - HOUSTON, TX 77030	74-1761309	115	48,534.	0.	N/A	N/A	RECOVERY-ORIENTED MONEY MANAGEMENT: PROVIDE TARGETED FINANCIAL COUNSELING TO 100

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THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	115	50,000.	0.	N/A	N/A	COMBAT PTSD CONFERENCE SPONSORSHIP
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	115	87,500.	0.	N/A	N/A	STRONG STAR TRAINING INITIATIVE: PROVIDE TRAINING AND CONSULTATION IN PROLONGED EXPOSURE AND
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	115	147,466.	0.	N/A	N/A	STRONG STAR TRAINING INITIATIVE: PROVIDE TRAINING AND CONSULTATION IN PROLONGED EXPOSURE AND
THE WARRIOR ALLIANCE 800 BATTERY AVE SE ATLANTA, GA 30339	47-1049454	501(C)(3)	75,000.	0.	N/A	N/A	CONNECT VETERANS EXPERIENCING ADVERSE SOCIAL DETERMINANTS OF HEALTH TO LEGAL ADVOCATES
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD SUITE 630 - ARLINGTON, VA 22201	92-0152268	501(C)(3)	25,000.	0.	N/A	N/A	TAPS GALA SPONSORSHIP
TRI-CITIES MILITARY AFFAIRS COUNCIL (TC-MAC) - 555 EAST MAIN STREET - KINGSPOET, TN 37660	46-2142491	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
TRI-COUNTY VETERANS SUPPORT NETWORK - 2859 SWEETLEAF LANE JOHND ISLAND - JOHND ISLAND, SC 29455	90-0959126	501(C)(3)	8,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
TUESDAY'S CHILDREN 10 ROCKEFELLER PLAZA SUITE 1007 NEW YORK, NY 10020	52-2347446	501(C)(3)	125,005.	0.	N/A	N/A	IMPROVE THE EMOTIONAL, BEHAVIORAL, AND ACADEMIC OUTCOMES OF 275 GOLD STAR CHILDREN BY PROVIDING
UCLA FOUNDATION 10889 WILSHIRE BLVD. SUITE 1500 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	100,015.	0.	N/A	N/A	DECREASE HUNGER FOR APPROXIMATELY 660 UNIQUE UNHOUSED VETERANS EXPERIENCING FOOD

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UNITED WAY OF ADAMS COUNTY: TRI-STATE VETERAN REFERRAL INITIATIVE - 936 BROADWAY - QUINCY, IL 62301	37-0673476	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UNITED WAY OF CENTRAL GEORGIA, INC 277 MARTIN LUTHER KING JR. BLVD MACON, GA 31202	58-0639811	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UNITED WAY OF LAKE & SUMTER COUNTIES - 32644 BLOSSON LANE LEESBURG - LEESBURG, FL 34788	59-1143758	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UNITED WAY OF LONG ISLAND 819 GRAND BLVD. DEER PARK, NY 11729	11-6042392	501(C)(3)	57,500.	0.	N/A	N/A	PROVIDE CONSTRUCTION TRAINING SERVICES AND ENSURE JOB PLACEMENT FOR 20 VETERANS
UNITED WAY OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK DEER PARK, NY 11729	11-6042392	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UNITED WAY OF MIAMI-DADE 3250 SW 3 AVENUE MIAMI MIAMI, FL 33129	59-0830840	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - 700 S. ALAMO - SAN ANTONIO, TX 78205	74-1272381	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UNITED WAY OF TARRANT COUNTY 1500 NORTH MAIN STREET SUITE 200 FORT WORTH, TX 76164	75-0858360	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS

Schedule I (Form 990)

Schedule I (Form 990)

BOB WOODRUFF FAMILY FOUNDATION, INC.

26-1441650

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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
UNIVERSITY OF SOUTHERN MISSISSIPPI FOUNDATION - 118 COLLEGE DRIVE - HATTIESBURG, MS 39406	64-6022505	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UPPER PENINSULA COMMISSION FOR AREA PROGRESS (UPCAP) - P.O. BOX 606 ESCANABA - ESCANABA, MI 49829	38-1957176	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
UPSTATE WARRIOR SOLUTION 3 CALEDON COURT SUITE A-2 GREENVILLE, SC 29615	46-1699670	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
USA VETERAN AND MILITARY SUPPORT FOUNDATION - 1015 SOUTH INNER ROAD - BUZZARD'S BAY, MA 02542	84-2831704	501(C)(3)	15,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERAN VILLAGE USA (DBA A PLACE FOR VETERANS) - PO BOX 155 FLUSHING - FLUSHING, MI 48433	83-3376834	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERAN VILLAGES OF AMERICA, INC. 1807 PICKERING LANE LITTLE ROCK LITTLE ROCK, AR 72211	46-2339524	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERANS BRIDGE HOME 5260 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	45-2350728	501(C)(3)	6,100.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERANS COMMUNITY ACTION NETWORK OF SOUTH-CENTRAL WISCONSIN - 201 SOUTH YELLOWSTONE DRIVE STE 101 - MADISON, WI 53705	85-3026659	501(C)(3)	10,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 64131	47-4960735	501(C)(3)	100,000.	0.	N/A	N/A	DECREASE BARRIERS TO STABILITY FOR 1,550+ VETERAN AND MILITARY HOUSEHOLDS ACROSS

Schedule I (Form 990)

Schedule I (Form 990)

BOB WOODRUFF FAMILY FOUNDATION, INC.

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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 LEGAL SERVICES, INC. PO BOX 8457 BOSTON, MA 02114	04-3212264	501(C)(3)	100,000.	0.	N/A	N/A	PROVIDE FREE CIVIL LEGAL ASSISTANCE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH FOR APPROXIMATELY
VETERANS' OUTREACH 7 BELGRADE AVE YOUNGSTOWN, OH 44505	22-3272976	501(C)(3)	15,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERANS OUTREACH CENTER 447 SOUTH AVENUE ROCHESTER ROCHESTER, NY 14620	16-1137379	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERANS PLACE OF WASHINGTON BOULEVARD - 945 WASHINGTON BLVD. - PITTSBURGH, PA 15206	25-1787030	501(C)(3)	100,000.	0.	N/A	N/A	PROVIDE A COMBINATION OF OUTREACH, SERVICE NAVIGATION, AND FINANCIAL ASSISTANCE TO 150
VETERANS STRONG COMMUNITY CENTER 111 NORTH MAIN ST BRISTOL, CT 06010	82-3194091	501(C)(3)	6,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETERANS SUPPORT COUNCIL, INC. 2457 E WASHINGTON STREET INDIANAPOLIS, IN 46201	46-4747247	501(C)(3)	7,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VETFLIX, INC 3 MYOPIA HILL ROAD BROOKLINE BROOKLINE, NH 03033	45-0823819	501(C)(3)	15,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
VOLUNTEERS OF AMERICA MICHIGAN, INC. - 21415 CIVIC CENTER DRIVE - SOUTHFIELD, MI 48076	38-1566662	501(C)(3)	75,000.	0.	N/A	N/A	IMPROVE THE STABILITY OF 800 LOW-INCOME VETERAN AND MILITARY HOUSEHOLDS WHO ARE INELIGIBLE FOR
VOLUNTEERS OF AMERICA OF FLORIDA, INC - 405 CENTRAL AVE - ST. PETERSBURG, FL 33701	58-1856992	501(C)(3)	65,000.	0.	N/A	N/A	EMERGENCY RESPONSE - HURRICANE IAN

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
WARRIORS RISE 666 THIRD AVENUE NEW YORK, NY 10017	86-3906938	501(C)(3)	25,000.	0.	N/A	N/A	SPONSORSHIP - VIRTUAL VETERAN CAREER FAIRS
WELCOME HOME ALLIANCE FOR VETERANS OF MONTROSE - 4 HILCREST PLAZA WAY MONTROSE - MONTROSE, CO 81401	45-4103919	501(C)(3)	20,000.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
WEST TEXAS COUNSELING & GUIDANCE INC - 242 N MAGDALEN STREET - SAN ANGELO, TX 76903	75-1561599	501(C)(3)	125,000.	0.	N/A	N/A	PROVIDE EVIDENCE-BASED THERAPY AND CASE MANAGEMENT TO 170 VETERAN AND MILITARY HOUSEHOLDS
WEST TEXAS COUNSELING AND GUIDANCE, VETERAN SERVICES - 242 N MAGDALEN STREET SAN ANGELO - SAN ANGELO, TX 76903	75-1561599	501(C)(3)	15,800.	0.	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS

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
IVF FINANCIAL ASSISTANCE	71	266,808.	0.	N/A	N/A
INDIVIDUAL RESPITE/RECREATION/SOCIALIZATION	33	38,659.	0.	FMV	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: ARMED SERVICES ARTS PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EVIDENCE-BASED COMMUNITY ARTS PROGRAMMING TO 550 VETERANS, SERVICE MEMBERS, FAMILY MEMBERS, AND CAREGIVERS TO 1) INCREASE SOCIAL SUPPORT AND ACCESS TO THE ARTS FOR 550 PARTICIPANTS, AND 2) IMPROVE WELL-BEING FOR 225 PARTICIPANTS WHO ENGAGE IN MULTI-WEEK CLASSES

NAME OF ORGANIZATION OR GOVERNMENT: ARMED SERVICES YMCA OF THE USA

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) IMPROVE THE FINANCIAL WELLBEING OF 85 ACTIVE-DUTY MILITARY HOUSEHOLDS BY INCREASING ACCESS TO AFFORDABLE, QUALITY CHILDCARE AND 2) DECREASE INSTANCES OF HUNGER FOR 400 ACTIVE-DUTY MILITARY HOUSEHOLDS

NAME OF ORGANIZATION OR GOVERNMENT: BASTION COMMUNITY OF RESILIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FOOD SECURITY AND IMPROVE OVERALL HEALTH AND INDEPENDENCE FOR AT LEAST 50 VETERAN HOUSEHOLDS

NAME OF ORGANIZATION OR GOVERNMENT: BAY AREA LEGAL SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE LEGAL SERVICES TO REMOVE BARRIERS TO WELLBEING AND IMPROVE QUALITY OF LIFE AND PERSONAL OR FAMILY STABILITY FOR AT LEAST 500 VETERAN HOUSEHOLDS IN THE GREATER TAMPA BAY AREA THROUGH MEDICAL-LEGAL PARTNERSHIPS WITH LOCAL VA MEDICAL CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: BERKELEY FOOD AND HOUSING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURE AT LEAST 500 VETERANS EXPERIENCING HOMELESSNESS AND/OR FOOD INSECURITY REGAIN SELF-SUFFICIENCY IN THEIR COMMUNITIES BY PROVIDING RESOURCES FOR THEM TO ACCESS AND MAINTAIN STABLE HOUSING, FOOD, AND EMPLOYMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S RESEARCH TRIANGLE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EVIDENCE-BASED MENTAL HEALTH TREATMENT AND PSYCHOEDUCATION TO 18 VETERAN OR MILITARY FAMILIES TO 1) IMPROVE CHILDREN'S MENTAL HEALTH AND EMOTIONAL, BEHAVIORAL, AND ACADEMIC FUNCTIONING, AND 2) DECREASE PARENTING STRESS AND IMPROVE PARENTING SKILLS RELATED TO CHILD BEHAVIORAL DIFFICULTIES AND FAMILY RELATIONSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CLEAR PATH FOR VETERANS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GOAL OF THIS GRANT IS TO ENSURE THAT AT LEAST 75 VETERAN AND MILITARY HOUSEHOLDS LIVING IN UNDERSERVED COUNTIES ACCESS PEER SUPPORT, FOOD ASSISTANCE, AND RESOURCE NAVIGATION TO REDUCE ISOLATION AND IMPROVE THEIR QUALITY OF LIFE

NAME OF ORGANIZATION OR GOVERNMENT: CODE OF SUPPORT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CASE COORDINATION, FINANCIAL COUNSELING, AND BENEFITS ASSISTANCE TO HELP AT LEAST 25 VETERANS AND MILITARY FAMILIES MOVE BEYOND CRISIS AND IMPROVE THEIR QUALITY OF LIFE

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBUS HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TRANSITIONAL HOUSING AND CASE MANAGEMENT TO AT LEAST 35 VETERANS EXPERIENCING HOMELESSNESS, ENSURING THAT THEY ESTABLISH AND MAINTAIN PERMANENT HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT VETERANS LEGAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE ACCESS TO AFFORDABLE AND SUSTAINABLE HOUSING SOLUTIONS FOR AT LEAST 350 VETERANS THROUGH A MEDICAL-LEGAL PARTNERSHIP BETWEEN CVLC, VA HEALTHCARE SYSTEMS, AND VA

Part IV Supplemental Information

HOMELESS PREVENTION AND INTERVENTION PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: EMORY UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE MENTAL HEALTH OF AT LEAST 50 VETERAN OR MILITARY HOUSEHOLDS BY PROVIDING HYBRID AND/OR FULLY REMOTE TELEHEALTH CARE TO TREAT PTSD, DEPRESSION, AND MTBI

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY ENDEAVORS, INC. DBA ENDEAVORS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE 100 VETERANS WITH EVIDENCE-BASED TREATMENT FOR SUBSTANCE USE AND CO-OCCURRING DISORDERS TO REDUCE MENTAL HEALTH SYMPTOMS AND PROMOTE POSITIVE COPING SKILLS THAT REDUCE THEIR RELIANCE ON SUBSTANCES

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE HOUSING AND FINANCIAL STABILITY FOR 75 VETERAN HOUSEHOLDS THROUGH A COMBINATION OF CASE MANAGEMENT AND EMERGENCY FINANCIAL ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: HVAF OF INDIANA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SECURE FULL-TIME EMPLOYMENT FOR 50 VETERANS BY PROVIDING EDUCATION, TRAINING, WORK-RELATED ITEMS, AND CASE MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT:

INDIANHEAD COMMUNITY ACTION AGENCY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS THE URGENT NEEDS OF 31 VETERAN/MILITARY HOUSEHOLDS BY PROVIDING TEMPORARY HOUSING, FINANCIAL, AND BASIC NEEDS ASSISTANCE COUPLED WITH CASE MANAGEMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INNER CITY LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CIVIL LEGAL AID FOR AT LEAST 40 VETERANS SERVED BY THE WEST LA VAMC'S H-PACT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND DECREASE BARRIERS TO SECURE HOUSING

NAME OF ORGANIZATION OR GOVERNMENT:

IRAQ AND AFGHANISTAN VETERANS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PEER SUPPORT AND COMPREHENSIVE CASE MANAGEMENT TO 150 VETERANS TO IMPROVE THEIR QUALITY OF LIFE, REDUCE STRESS, AND INCREASE THEIR ADHERENCE TO, AND COMPLETION OF, TREATMENT PLANS

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE LEGAL SERVICES TO DECREASE BARRIERS TO WELLBEING AND IMPROVE QUALITY OF LIFE FOR AT LEAST 200 VETERAN HOUSEHOLDS IN THE GREATER ORLANDO AREA

NAME OF ORGANIZATION OR GOVERNMENT: LONE STAR LEGAL AID

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE LEGAL SERVICES TO ADDRESS SERVICE-RELATED LEGAL ISSUES THAT REMOVE BARRIERS TO WELLBEING AND IMPROVE QUALITY OF LIFE FOR AT LEAST 50 VETERAN HOUSEHOLDS IN EAST TEXAS

NAME OF ORGANIZATION OR GOVERNMENT:

MASS GENERAL BRIGHAM INCORPORATED & AFFILIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: HOME BASE, A RED SOX FOUNDATION AND MASSACHUSETTS GENERAL HOSPITAL PROGRAM: PROVIDE 36 SURVIVING FAMILY

Part IV Supplemental Information

MEMBERS WITH EVIDENCE-BASED TREATMENT TO 1) REDUCE SYMPTOMS OF PTSD, DEPRESSION, AND COMPLICATED GRIEF, 2) REDUCE SOCIAL ISOLATION, AND 3) IMPROVE STRESS MANAGEMENT SKILLS

NAME OF ORGANIZATION OR GOVERNMENT: MIDWEST SHELTER FOR HOMELESS VETERANS
(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE HOUSING STABILITY OF 20 VETERANS WHO ARE HOMELESS OR AT-RISK OF HOMELESSNESS AND EXPERIENCING CO-OCCURRING SUBSTANCE USE/MENTAL HEALTH DIAGNOSES, BY PROVIDING A COMBINATION OF HOUSING, BASIC NEEDS, EMPLOYMENT, AND INDIVIDUALIZED CASE MANAGEMENT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A COMBINATION OF EMPLOYMENT SERVICES AND BENEFITS ASSISTANCE TO 50 VETERANS TO IMPROVE THEIR FINANCIAL STABILITY BY SECURING EMPLOYMENT AND/OR ACCESSING BENEFITS

NAME OF ORGANIZATION OR GOVERNMENT: MOVE UNITED
(H) PURPOSE OF GRANT OR ASSISTANCE: 1) PROVIDE VETERANS IN LOS ANGELES WITH BETTER ACCESS TO IMPROVE THEIR PHYSICAL AND MENTAL HEALTH BY PARTICIPATING IN WHEELCHAIR FOOTBALL AND 2) EXECUTE A SUPER BOWL ACTIVATION IN 2023

NAME OF ORGANIZATION OR GOVERNMENT: MOVE UNITED
(H) PURPOSE OF GRANT OR ASSISTANCE: 1) EXPAND AND SUPPORT A SUSTAINABLE INFRASTRUCTURE THAT GIVES AT LEAST 125 VETERANS THE OPPORTUNITY TO IMPROVE THEIR PHYSICAL AND MENTAL HEALTH BY PARTICIPATING IN WHEELCHAIR FOOTBALL IN MOVE UNITED CHAPTERS ACROSS THE COUNTRY AND 2) PROVIDE

Part IV Supplemental Information

TRAINING TO AT LEAST 100 ADAPTIVE SPORTS STAFF, INSTRUCTORS, AND VOLUNTEERS TO ENSURE VETERANS EXPERIENCE HIGH-QUALITY PROGRAMMING FROM LOCAL CHAPTERS

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ABILITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE RECREATIONAL AND ADAPTIVE SPORTS OPPORTUNITIES FOR 150 VETERANS AND THEIR FAMILIES TO DECREASE SOCIAL ISOLATION AND INCREASE PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: STEVEN A. COHEN MILITARY FAMILY CLINIC AT NYU LANGONE HEALTH: IMPROVE THE MENTAL HEALTH OF 35 VETERANS DIAGNOSED WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS BY PROVIDING EVIDENCE-BASED PSYCHOTHERAPY AND MEDICATION MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: OHIO STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STRIVE (SUICIDE AND TRAUMA REDUCTION INITIATIVE FOR VETERANS): PROVIDE EVIDENCE-BASED TREATMENT TO 80 VETERANS TO REDUCE THE SEVERITY OF THEIR PTSD SYMPTOMS, REDUCE THE FREQUENCY AND SEVERITY OF THEIR SUICIDAL THOUGHTS, AND IMPROVE THEIR WELL-BEING

NAME OF ORGANIZATION OR GOVERNMENT:

OPERATION OPPORTUNITY FOUNDATION, DBA WARRIOR-SCHOLAR PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURE EQUITABLE ACCESS TO HIGHER EDUCATION FOR 108 VETERANS THROUGH ACADEMIC BOOT CAMP PROGRAMMING, INCREASING THEIR COLLEGE READINESS

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION STAND DOWN TENNESSEE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE ACCESS TO BASIC NEEDS, EARNED BENEFITS, AND ADDITIONAL SUPPORTIVE SERVICES FOR 500 VETERAN AND MILITARY HOUSEHOLDS BY PROVIDING DIRECT FOOD ASSISTANCE AND CASE MANAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: PATHWAYS TO HOUSING DC

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE STABILITY OF 55 VETERANS BY INCREASING ACCESS TO CASE MANAGEMENT SERVICES FOR CLIENTS EXPERIENCING OR AT-RISK OF EXPERIENCING HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT:

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK ON BEHALF OF HUNTER C

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT FOR RETURN AND OPPORTUNITY IN VETERANS EDUCATION (PROVE): IMPROVE PSYCHOLOGICAL WELLNESS AND ACADEMIC OUTCOMES OF STUDENT VETERANS ACROSS NINE NYC COLLEGE CAMPUSES WHILE ALSO INCREASING THE MILITARY CULTURAL COMPETENCE OF AT LEAST 18 GRADUATE STUDENT SOCIAL WORKERS

NAME OF ORGANIZATION OR GOVERNMENT:

ROSALYNN CARTER INSTITUTE FOR CAREGIVERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ONE-ON-ONE COACHING TO 63 VETERAN CAREGIVERS TO IMPROVE THEIR OVERALL HEALTH AND WELLBEING, REDUCE CAREGIVER BURDEN, AND REDUCE STRESS FOR CHILDREN OF PARTICIPATING CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT: RUTGERS UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: VETS4WARRIORS: PROVIDE PEER SUPPORT AND CONNECT AT LEAST 425 VETERANS AND FAMILIES TO SERVICES THAT WILL

Part IV Supplemental Information

IMPROVE THEIR QUALITY OF LIFE

NAME OF ORGANIZATION OR GOVERNMENT: SERVICES FOR THE UNDERSERVED, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMPLOYMENT SERVICES, CASE MANAGEMENT, AND FINANCIAL ASSISTANCE FOR HOUSING AND EMPLOYMENT-RELATED NEEDS TO AT LEAST 100 VETERANS, ENSURING THAT THEY MEET THEIR LONG-TERM HOUSING AND EMPLOYMENT GOALS

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHEAST LOUISIANA LEGAL SERVICES, CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE LEGAL SERVICES TO REMOVE BARRIERS TO WELLBEING AND IMPROVE QUALITY OF LIFE FOR AT LEAST 150 VETERAN HOUSEHOLDS IN SOUTHEAST LOUISIANA

NAME OF ORGANIZATION OR GOVERNMENT: SWORDS TO PLOWSHARES

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND STAFF AND ON-SITE SUPPORTIVE SERVICES TO PROVIDE EXTENDED SERVICE HOURS IN EVENINGS AND ON WEEKENDS TO MEET THE SERVICE AND CONNECTION NEEDS OF AT LEAST 300 UNSHELTERED, SENIOR, AND ISOLATED VETERANS

NAME OF ORGANIZATION OR GOVERNMENT: THE MISSION CONTINUES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE SOCIAL CONNECTEDNESS AND IMPROVE THE MENTAL HEALTH OF 8,000 VETERANS PARTICIPATING IN THE SERVICE PLATOON PROGRAM'S CITY-WIDE NATIONAL DAYS OF SERVICE, PROJECTS, AND SOCIAL EVENTS

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RECOVERY-ORIENTED MONEY MANAGEMENT: PROVIDE TARGETED FINANCIAL COUNSELING TO 100 VETERANS EXPERIENCING OR AT RISK FOR HOMELESSNESS TO INCREASE THEIR FINANCIAL LITERACY AND MONEY MANAGEMENT SKILLS AND IMPROVE THEIR WELLBEING AND QUALITY OF LIFE

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

(H) PURPOSE OF GRANT OR ASSISTANCE: STRONG STAR TRAINING INITIATIVE: PROVIDE TRAINING AND CONSULTATION IN PROLONGED EXPOSURE AND COGNITIVE PROCESSING THERAPY TO 125 VETERAN-SERVING, COMMUNITY-BASED MENTAL HEALTH PROVIDERS ACROSS THE NATION

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

(H) PURPOSE OF GRANT OR ASSISTANCE: STRONG STAR TRAINING INITIATIVE: PROVIDE TRAINING AND CONSULTATION IN PROLONGED EXPOSURE AND COGNITIVE PROCESSING THERAPY TO 125 VETERAN-SERVING, COMMUNITY-BASED MENTAL HEALTH PROVIDERS ACROSS THE NATION

NAME OF ORGANIZATION OR GOVERNMENT: THE WARRIOR ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONNECT VETERANS EXPERIENCING ADVERSE SOCIAL DETERMINANTS OF HEALTH TO LEGAL ADVOCATES TO ADDRESS THOSE NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: TUESDAY'S CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE EMOTIONAL, BEHAVIORAL, AND ACADEMIC OUTCOMES OF 275 GOLD STAR CHILDREN BY PROVIDING ONE-ON-ONE YOUTH MENTORING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UCLA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DECREASE HUNGER FOR APPROXIMATELY 660 UNIQUE UNHOUSED VETERANS EXPERIENCING FOOD INSECURITY BY PROVIDING APPROXIMATELY 20,400 MEALS TO ADDRESS THE IMMEDIATE NEED FOR NUTRITION AS PART OF A HOLISTIC APPROACH TO ADDRESSING HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS COMMUNITY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: DECREASE BARRIERS TO STABILITY FOR 1,550+ VETERAN AND MILITARY HOUSEHOLDS ACROSS LONGMONT, CO, ST. LOUIS AND KANSAS CITY, MO THROUGH OUTREACH PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS LEGAL SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FREE CIVIL LEGAL ASSISTANCE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH FOR APPROXIMATELY 120 LOW- TO MODERATE-INCOME MILITARY VETERANS IN MASSACHUSETTS THROUGH MEDICAL-LEGAL PARTNERSHIPS WITH TWO VA HEALTH CARE SYSTEMS IN BEDFORD AND BOSTON

NAME OF ORGANIZATION OR GOVERNMENT:

VETERANS PLACE OF WASHINGTON BOULEVARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A COMBINATION OF OUTREACH, SERVICE NAVIGATION, AND FINANCIAL ASSISTANCE TO 150 VETERANS TO INCREASE THEIR ACCESS TO SUPPORTIVE SERVICES AND ENSURE THEIR BASIC NEEDS ARE MET

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS OF AMERICA MICHIGAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE THE STABILITY OF 800 LOW-INCOME VETERAN AND MILITARY HOUSEHOLDS WHO ARE INELIGIBLE FOR FEDERAL PROGRAMS BY PROVIDING CASE MANAGEMENT, HEALTHCARE NAVIGATION AND

Part IV Supplemental Information

ASSISTANCE, FOOD, AND CONNECTIONS TO PERMANENT, SUSTAINABLE FOOD
RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT: WEST TEXAS COUNSELING & GUIDANCE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EVIDENCE-BASED THERAPY AND
CASE MANAGEMENT TO 170 VETERAN AND MILITARY HOUSEHOLDS IN WEST TEXAS AND
EASTERN NEW MEXICO TO IMPROVE THEIR MENTAL HEALTH

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BOB WOODRUFF FAMILY FOUNDATION, INC.

Employer identification number
26-1441650

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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) ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER	(i)	339,803.	0.	0.	12,200.	38,844.	390,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD DUSO CFO/COO	(i)	293,205.	0.	0.	11,800.	16,877.	321,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGARET HARRELL CHIEF PROGRAM OFFICER	(i)	279,909.	0.	0.	10,753.	27,270.	317,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVE WOODRUFF CHIEF DEVELOPMENT OFFICER	(i)	244,826.	0.	0.	0.	26,790.	271,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY CLARK CHIEF OF STAFF	(i)	216,412.	0.	0.	8,655.	11,750.	236,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DINA SHAPIRO EXEC. DIR. EVENTS/SPECIAL PROJECTS	(i)	176,054.	0.	0.	7,125.	34,299.	217,478.	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 3:

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.

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 L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2022

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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

Part I Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVE WOODRUFF	BROTHER-IN-LAW OF D	271,616.	EMPLOYMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVE WOODRUFF

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER-IN-LAW OF DIRECTOR LEE WOODRUFF, BROTHER OF CO-FOUNDER BOB WOODRUFF

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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

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

Department of the Treasury
Internal Revenue Service

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	3	125,067.	COST
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (GIFT BAGS)	X	50	1,499.	COST
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	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 3 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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

LINE 9 COLUMN (B) REPORTS A CONTRIBUTION COUNT.

LINE 25 COLUMN (B) REPORTS AN ITEM COUNT.

SCHEDULE M, LINE 32B:

OMAZE IS A FOR-PROFIT, COMMERCIAL FUNDRAISER AND TECHNOLOGY COMPANY THAT OPERATES ONE OR MORE INTERNET-BASED PLATFORMS THAT HOST SWEEPSTAKES AND OTHER ACTIVITIES (EXPERIENCES) TO RAISE DONATIONS TO SUPPORT CHARITABLE CAUSES. OMAZE ALSO PROVIDES RELATED SERVICES THAT SUPPORT THE DEVELOPMENT AND MANAGEMENT OF THE PLATFORMS AND THE PLANNING, ADMINISTRATION, PROMOTION, AND FULFILLMENT OF THE EXPERIENCES.

OMAZE ENTERS INTO WRITTEN FUNDRAISING SERVICES AGREEMENTS WITH CERTAIN U.S. 501(C)(3), NONPROFIT ENTITIES (EACH A "NONPROFIT CLIENT"), PURSUANT TO WHICH OMAZE RUNS EXPERIENCES TO RAISE FUNDS (DONATIONS) FOR THE NONPROFIT CLIENTS. THE NONPROFIT CLIENTS USE THE DONATIONS RAISED IN THE EXPERIENCES TO FUND AND DISTRIBUTE MONETARY GRANTS TO OTHER CHARITABLE ENTITIES OR CAUSES THAT ARE IDENTIFIED AS THE INTENDED GRANT-RECIPIENT.

**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 for the latest information.

OMB No. 1545-0047

2022

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 B, LINE 11B:

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

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

ON AN ANNUAL BASIS, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS
REVIEWED, AND EACH BOARD MEMBER AFFIRMS THEIR UNDERSTANDING OF THE CONFLICT
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

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

Schedule O (Form 990) 2022

Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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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 15:

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 2022.

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

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

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

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

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

Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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INTEREST POLICY WOULD BE AVAILABLE UPON REQUEST.

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

PEO SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>0.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>31,440.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>31,440.</u>

PROGRAM SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>61,051.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>61,051.</u>

COMMUNICATION SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>349,202.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>37,755.</u>
<u>FUNDRAISING EXPENSES</u>	<u>31,157.</u>
<u>TOTAL EXPENSES</u>	<u>418,114.</u>

TEMPORARY SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>44,282.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>18,926.</u>
<u>FUNDRAISING EXPENSES</u>	<u>46,124.</u>
<u>TOTAL EXPENSES</u>	<u>109,332.</u>

OTHER PROFESSIONAL FEES:

Name of the organization BOB WOODRUFF FAMILY FOUNDATION, INC.	Employer identification number 26-1441650
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PROGRAM SERVICE EXPENSES	1,598,353.
MANAGEMENT AND GENERAL EXPENSES	29,052.
FUNDRAISING EXPENSES	287,203.
TOTAL EXPENSES	1,914,608.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,534,545.

Horizontal lines for additional entries.