

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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.

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- 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. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 1350 BROADWAY 905. Room/suite: City or town, state or province, and ZIP or foreign postal code: NEW YORK, NY 10018

D Employer identification number: 26-1441650. E Telephone number: (646) 341-6879. G Gross receipts \$ 29,810,970

F Name and address of principal officer: ANNE MARIE DOUGHERTY, 1350 BROADWAY 905, NEW YORK, NY 10018

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.BOBWOODRUFFFOUNDATION.ORG

K Form of organization: Corporation

L Year of formation: 2007. M State of legal domicile: NY

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for Prior Year and Current Year.

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

<b>Sign Here</b>	Signature of officer		Date		
	ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER		2023-06-20		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		2023-06-01	<input type="checkbox"/>	P01591796
	Firm's address				Firm's EIN
					41-0746749
	CLIFTONLARSONALLEN LLP				41-0746749
	220 S 6TH STREET SUITE 300				Phone no. (612) 376-4500
	MINNEAPOLIS, MN 55402				

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2022)

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

FIND, FUND, SHAPE, AND ACCELERATE EQUITABLE SOLUTIONS THAT HELP OUR IMPACTED VETERANS, SERVICE MEMBERS, THEIR FAMILIES, AND THEIR CAREGIVERS THRIVE.

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

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

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

**4a** (Code: ) (Expenses \$ **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 in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** **14,027,154**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		No

3		
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11		
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		
21	Yes	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22	Yes	
23		

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? If "Yes," complete Schedule J . . . . .	23	Yes	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
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? If "Yes," complete Schedule L, Part I . . . . .	25b		No
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? If "Yes," complete Schedule L, Part II . . . . .	26		No
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? If "Yes," complete Schedule L, Part III . . . . .	27		No
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? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	Yes	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
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? If "Yes," complete Schedule R, Part I . . . . .	33		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
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? If "Yes," complete Schedule R, Part VI . . . . .	37		No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes	

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	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements . . . . .			
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tax statements, filed for the calendar year ending with or within the year covered by this return . . . . .

Table with columns for question numbers (2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17) and response options (Yes, No, blank).

- 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
3b If "Yes," has it filed a Form 990-T for this year?
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?
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
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?
7 Organizations that may receive deductible contributions under section 170(c).
8 Sponsoring organizations maintaining donor advised funds.
9 Sponsoring organizations maintaining donor advised funds.
10 Section 501(c)(7) organizations.
11 Section 501(c)(12) organizations.
12a Section 4947(a)(1) non-exempt charitable trusts.
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
14a Did the organization receive any payments for indoor tanning services during the tax year?
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?
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
17 Section 501(c)(21) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. Row 18: Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.

**19** Describe in 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 1350 BROADWAY SUITE 905 NEW YORK, NY 10018 (646) 905-5610

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, or 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 dotted 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			
(1) COLIN HEFFRON CHAIRMAN	10.00	X		X			0	0	0
(2) LEE WOODRUFF VICE PRESIDENT	10.00	X		X			0	0	0
(3) STEVE CRAWFORD TREASURER	10.00	X		X			0	0	0
(4) EDWARD TOPTANI SECRETARY	10.00	X		X			0	0	0
(5) MARTHA RADDATZ DIRECTOR	2.00	X					0	0	0
(6) EILEEN LYNCH DIRECTOR	2.00	X					0	0	0
(7) GERRY BYRNE DIRECTOR	2.00	X					0	0	0
(8) BOB JEFFREY DIRECTOR	2.00	X					0	0	0
(9) CAROLINE HIRSCH DIRECTOR	2.00	X					0	0	0
(10) JAMES HNAT DIRECTOR	2.00	X					0	0	0
(11) GENERAL MARTIN DEMPSEY	2.00								

DIRECTOR		X							0	0	0
(12) ROB SHANAHAN	2.00	X							0	0	0
DIRECTOR											
(13) CRAIG NEWMARK	2.00	X							0	0	0
DIRECTOR											
(14) SUNI HARFORD	2.00	X							0	0	0
DIRECTOR											
(15) LTG NADJA WEST	2.00	X							0	0	0
DIRECTOR											
(16) L THOMAS HILTZ	2.00	X							0	0	0
DIRECTOR											
(17) ANNE MARIE DOUGHERTY	60.00						X		339,803	0	51,044
CHIEF EXECUTIVE OFFICER											

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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 dotted 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) TODD DUSO CFO/COO	60.00			X				293,205	0	28,677
(19) MARGARET HARRELL CHIEF PROGRAM OFFICER	60.00					X		279,909	0	38,023
(20) DAVE WOODRUFF CHIEF DEVELOPMENT OFFICER	60.00					X		244,826	0	26,790
(21) KELLY CLARK CHIEF OF STAFF	40.00					X		216,412	0	20,405
(22) DINA SHAPIRO EXEC. DIR. EVENTS/SPECIAL PROJECTS	40.00					X		176,054	0	41,424
(23) KEITH WHITCOMB SENIOR DIRECTOR OF OPERATIONS	40.00					X		133,574	0	2,552
<b>1b Sub-Total</b>								1,683,783	0	208,915
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**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 10023	VENUE RENTAL/CATERING/AUDIO VISUAL	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**

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .				
<b>1b</b> Contributions, gifts, grants, and membership dues . . . . .				
<b>1c</b> Other amounts similar to fundraising events . . . . .	4,244,586			
<b>1d</b> Related organizations . . . . .				
<b>1e</b> Government grants (contributions) . . . . .				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	25,162,242			
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	126,566			
<b>h Total.</b> Add lines 1a-1f . . . . .	29,406,828			

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

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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



Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Advertising, and Total functional expenses.

<b>2b JOINT COSTS.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	1,780,592	1,200,014	0	555,978
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Part X Balance Sheet

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

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

Form 990 (2022)

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Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 29,232,852; Line 2: Total expenses 16,711,846; Line 3: Revenue less expenses 12,521,006; Line 4: Net assets at beginning 13,985,559; Line 5: Net unrealized gains 2,912; Line 9: Other changes 0; Line 10: Net assets at end 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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit explanation.

Form 990 (2022)

Form 990 (2022)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

Table with 2 columns: Name of the organization (BOB WOODRUFF FAMILY FOUNDATION INC) and 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2022

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 failed 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	16,611,564	20,152,162	9,831,301	13,343,732	29,406,828	89,345,587
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	16,611,564	20,152,162	9,831,301	13,343,732	29,406,828	89,345,587
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						20,094,180
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						69,251,407

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . . . .	16,611,564	20,152,162	9,831,301	13,343,732	29,406,828	89,345,587
<b>8</b> 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
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	35,611	532	2,512	20,209	54,623	113,487
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						89,520,501
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	393,850
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	77.360 %
<b>15</b> Public support percentage for 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	58.740 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990) 2022

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						

<b>4</b>	tax revenues received for the organization's benefit and either paid to or expended on its behalf. . . .					
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge					
<b>6</b>	<b>Total.</b> Add lines 1 through 5					
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons					
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
<b>c</b>	Add lines 7a and 7b. . . .					
<b>8</b>	<b>Public support.</b> (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
<b>9</b> Amounts from line 6. . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

- 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 . . . . ▶

Schedule A (Form 990) 2022

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		



<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>	<b>10b</b>		

Schedule A (Form 990) 2022

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**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)? 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).

Table with 3 columns: Question ID, Yes, No. Row 1: 1, [ ], [ ]

Section D. All Type III Supporting Organizations

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

Table with 3 columns: Question ID, Yes, No. Rows 1-3: 1, 2, 3 with empty Yes/No cells.

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 [ ] The organization satisfied the Activities Test. Complete line 2 below.
b [ ] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [ ] The organization supported a governmental entity. Describe in Part VI how you supported a government 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? 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.

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? 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.

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? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Table with 3 columns: Question ID, Yes, No. Rows 2a, 2b, 3a, 3b with empty Yes/No cells.

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.

Main table for Section A (Adjusted Net Income) and Section B (Minimum Asset Amount) with columns for (A) Prior Year and (B) Current Year (optional). Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Adjusted Net Income, Aggregate fair market value of all non-exempt-use assets, etc.

<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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)			

Schedule A (Form 990) 2022

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

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>		
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>		
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>		
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>		
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>		
<b>Section E - Distribution Allocations</b> (see instructions)	(i) <b>Excess Distributions</b>	(ii) <b>Underdistributions Pre-2022</b>	(iii) <b>Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017. . . . .			
<b>b</b> From 2018. . . . .			
<b>c</b> From 2019. . . . .			
<b>d</b> From 2020. . . . .			
<b>e</b> From 2021. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			

<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			

Schedule A (Form 990) (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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2018 AMOUNT: \$ 35,611. 2019 AMOUNT: \$ 532. 2020 AMOUNT: \$ 2,512. 2021 AMOUNT: \$ 20,209. 2022 AMOUNT: \$ 54,623.

Schedule A (Form 990) 2022

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2022

Table with 2 columns: Name of the organization (BOB WOODRUFF FAMILY FOUNDATION INC) and Employer identification number (26-1441650)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: 501(c)( ) (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 other 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

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

**Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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

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
------------------------	--	--	----------------------

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
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	
_____		_____	
(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	
_____		_____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
------------------------	---------------------	-----------------	-------------------------------------

(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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	

Schedule B (Form 990) (2022)

**Additional Data**

[Return to Form](#)

Software ID:  
Software Version:



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (BOB WOODRUFF FAMILY FOUNDATION INC) and 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 number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and organization policies.

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

Table with 3 columns: Question number, description, and Yes/No response. Includes questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Year' with rows 2a-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 2 columns: Question number and description. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

Schedule D (Form 990) 2022

Page 2

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 in 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

Schedule D (Form 990) 2022

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1.

1) Federal income taxes

Table with 2 columns for tax details and amounts.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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.

Table for Part XI reconciliation of revenue with sub-rows 1 through 5 and a-e.

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.

Table for Part XII reconciliation of expenses with sub-rows 1 through 5 and a-e.

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.

Table with 2 columns: Return Reference and Explanation.

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**Additional Data**

[Return to Form](#)

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**Software ID:**  
**Software Version:**

<b>efile Public Visual Render</b>	<b>ObjectID: 202311729349301021 - Submission: 2023-06-21</b>	<b>TIN: 26-1441650</b>
<b>SCHEDULE G (Form 990)</b>	<b>Supplemental Information Regarding Fundraising or Gaming Activities</b> Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047  <span style="font-size: 2em; color: green;">2022</span> Open to Public Inspection

Name of the organization BOB WOODRUFF FAMILY FOUNDATION INC	Employer identification number 26-1441650
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**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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** 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 5TH FLOOR NEW YORK, NY 10022	FUNDRAISING DATA ANALYTICS, RESEARCH AND STRATEGIC PLANNING		No	0	75,000	-75,000
<b>Total</b>					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>VETERANS GOLF CLASSIC</b> (event type)	(b) Event #2 <b>STAND UP FOR HEROES</b> (event type)	(c) Other events <hr/> (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	241,850	4,303,586		4,545,436
	<b>2</b> Less: Contributions . . . . .	223,600	4,020,986		4,244,586
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	18,250	282,600		300,850
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	22,280	195,089		217,369
	<b>7</b> Food and beverages . . . . .	13,500	90,970		104,470
	<b>8</b> Entertainment . . . . .		102,500		102,500
	<b>9</b> Other direct expenses . . . . .	14,999	138,780		153,779
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				578,118
<b>11</b> 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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Schedule G (Form 990) 2022

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 . . . . .	<b>13a</b>	%
b	An outside facility . . . . .	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

b Enter the amount of distributions required under state law 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.

Return Reference	Explanation
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**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States**  
 Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**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 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 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
(2) 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
(3) 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
(4) 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
(5) 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 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
(6) 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 ACCESS TO AFFORDABLE, QUALITY CHILDCARE AND 2) DECREASE INSTANCES OF HUNGER FOR 400 ACTIVE-DUTY MILITARY HOUSEHOLDS
(7) 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
(8) 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
(9) 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 HOUSEHOLDS
(10) 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
(11) 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 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
(12) 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

							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
(13) 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
(14) 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
(15) 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 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
(16) 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
(17) CITY OF LACEY 420 COLLEGE STREET SE LACEY, WA 98503	91-0819427	115	15,000	0	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(18) 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
(19) 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
(20) 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
(21) 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
(22) 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 UNDERSERVED COUNTIES ACCESS PEER SUPPORT, FOOD ASSISTANCE, AND RESOURCE NAVIGATION TO REDUCE ISOLATION AND IMPROVE THEIR QUALITY OF LIFE
(23) 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 LEAST 25 VETERANS AND MILITARY FAMILIES MOVE BEYOND CRISIS AND IMPROVE THEIR QUALITY OF LIFE
(24) 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 HOMELESSNESS, ENSURING THAT THEY ESTABLISH AND MAINTAIN PERMANENT HOUSING
(25) 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
(26) 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 350 VETERANS THROUGH A MEDICAL-LEGAL

								PROVIDE LOCAL PARTNERSHIP BETWEEN CVLC, VA HEALTHCARE SYSTEMS, AND VA HOMELESS PREVENTION AND INTERVENTION PROGRAMS
(27) 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
(28) EAST TEXAS VETERANS COMMUNITY COUNCIL (ETVCC) PO 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
(29) 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
(30) 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 FULLY REMOTE TELEHEALTH CARE TO TREAT PTSD, DEPRESSION, AND MTBI
(31) 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 REDUCE MENTAL HEALTH SYMPTOMS AND PROMOTE POSITIVE COPING SKILLS THAT REDUCE THEIR RELIANCE ON SUBSTANCES
(32) 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 CASE MANAGEMENT AND EMERGENCY FINANCIAL ASSISTANCE
(33) 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
(34) 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
(35) 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
(36) GIGO FUND PO 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
(37) 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
(38) 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
(39) 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
(40) 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
(41) 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
(42) 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
(43) 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, WORK-RELATED ITEMS, AND CASE MANAGEMENT
(44) ILLINOIS JOINING FORCES FOUNDATION 211 SOUTH CLARK STREET 1161 CHICAGO	47-2152382	501(C)(3)	20,000	0	N/A	N/A		LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS

CHICAGO, IL 60604							
(45) 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, FINANCIAL, AND BASIC NEEDS ASSISTANCE COUPLED WITH CASE MANAGEMENT
(46) 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
(47) 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 SOCIAL DETERMINANTS OF HEALTH AND DECREASE BARRIERS TO SECURE HOUSING
(48) 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
(49) 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
(50) 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 QUALITY OF LIFE, REDUCE STRESS, AND INCREASE THEIR ADHERENCE TO, AND COMPLETION OF, TREATMENT PLANS
(51) 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
(52) 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
(53) 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
(54) LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOCIATION INC 100 EAST ROBINSON STREET ORLANDO, FL 328011602	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 LEAST 200 VETERAN HOUSEHOLDS IN THE GREATER ORLANDO AREA
(55) 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 IMPROVE QUALITY OF LIFE FOR AT LEAST 50 VETERAN HOUSEHOLDS IN EAST TEXAS
(56) 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 36 SURVIVING FAMILY 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
(57) 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
(58) 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 AND EXPERIENCING CO-

								OCcurring SUBSTANCE USE/MENTAL HEALTH DIAGNOSES, BY PROVIDING A COMBINATION OF HOUSING, BASIC NEEDS, EMPLOYMENT, AND INDIVIDUALIZED CASE MANAGEMENT SERVICES
(59) MILITARY FAMILY ADVISORY NETWORK 22015 W 66TH ST SHAWNEE, KS 66286	46-3173337	501(C)(3)	43,313	0	N/A	N/A	N/A	FORT HOOD FOOD DISTRIBUTION
(60) 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	N/A	FORT BRAGG FOOD DISTRIBUTION AND GOT YOUR 6 EVENT CONTEST WINNER
(61) 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	N/A	PROVIDE A COMBINATION OF EMPLOYMENT SERVICES AND BENEFITS ASSISTANCE TO 50 VETERANS TO IMPROVE THEIR FINANCIAL STABILITY BY SECURING EMPLOYMENT AND/OR ACCESSING BENEFITS
(62) MONTANA JOINING COMMUNITY FORCES PO BOX 4417 HELENA, MT 59604	81-3033831	501(C)(3)	20,000	0	N/A	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(63) MO'S HEROES INC 2287 RIDGE MANOR DRIVE FAYETTEVILLE FAYETTEVILLE, NC 28306	46-2837585	501(C)(3)	8,000	0	N/A	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(64) MOVE UNITED 451 HUNGERFORD DRIVE 608 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	50,000	0	N/A	N/A	N/A	USA WHEELCHAIR FOOTBALL LEAGUE TOURNAMENT
(65) MOVE UNITED 451 HUNGERFORD DRIVE 608 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	135,000	0	N/A	N/A	N/A	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
(66) MOVE UNITED 451 HUNGERFORD DRIVE 608 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	503,000	0	N/A	N/A	N/A	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 TRAINING TO AT LEAST 100 ADAPTIVE SPORTS STAFF, INSTRUCTORS, AND VOLUNTEERS TO ENSURE VETERANS EXPERIENCE HIGH-QUALITY PROGRAMMING FROM LOCAL CHAPTERS
(67) MTSU FOUNDATION - VETERANS ENRICHMENT ACCOUNT 1301 EAST MAIN STREET MURFREESBORO, TN 37132	62-0695507	501(C)(3)	15,000	0	N/A	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(68) 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	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(69) NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	94-3025807	501(C)(3)	50,000	0	N/A	N/A	N/A	PROVIDE RECREATIONAL AND ADAPTIVE SPORTS OPPORTUNITIES FOR 150 VETERANS AND THEIR FAMILIES TO DECREASE SOCIAL ISOLATION AND INCREASE PHYSICAL ACTIVITY
(70) NEW YORK UNIVERSITY 550 1ST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	100,000	0	N/A	N/A	N/A	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
(71) NORTHERN VIRGINIA VETERANS ASSOCIATION PO 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
(72) 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 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
(73) 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
(74) OPERATION COMEDY 7027 LANDWOOD AVE HOLLYWOOD, CA 90028	27-1612447	501(C)(3)	25,000	0	N/A	N/A		EVENT SPONSORSHIP - OPERATION COMEDY
(75) 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
(76) 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 PROGRAMMING, INCREASING THEIR COLLEGE READINESS
(77) 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
(78) 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
(79) 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 AND MILITARY HOUSEHOLDS BY PROVIDING DIRECT FOOD ASSISTANCE AND CASE MANAGEMENT
(80) PAMLICO ROSE INSTITUTE FOR SUSTAINABLE COMMUNITIES PO 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
(81) 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 EXPERIENCING OR AT- RISK OF EXPERIENCING HOMELESSNESS
(82) 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
(83) RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK ON BEHALF OF HUNTER 2180 THIRD AVENUESILBERMAN SCHOOL OF SOCIAL WORK NEW YORK, NY 10035	13-1988190	501(C)(3)	83,000	0	N/A	N/A		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
(84) REVELLE FOUNDATION 500 NORTH ESTRELLA PARKWAY SUITE B2453 GOODYEAR, AZ 85338	83-3062783	501(C)(3)	20,000	0	N/A	N/A		LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(85) 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 WELL-BEING

								WELLBEING, REDUCE CAREGIVER BURDEN, AND REDUCE STRESS FOR CHILDREN OF PARTICIPATING CAREGIVERS
(86) 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 WILL IMPROVE THEIR QUALITY OF LIFE
(87) 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
(88) 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
(89) SAN LUIS OBISPO VETERAN SERVICES COLLABORATIVE PO 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
(90) 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
(91) 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 AND EMPLOYMENT-RELATED NEEDS TO AT LEAST 100 VETERANS, ENSURING THAT THEY MEET THEIR LONG-TERM HOUSING AND EMPLOYMENT GOALS
(92) 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
(93) SOUTHEAST LOUISIANA LEGAL SERVICES CORP PO BOX 2867 HAMMOND, LA 704042867	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 LEAST 150 VETERAN HOUSEHOLDS IN SOUTHEAST LOUISIANA
(94) 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
(95) 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
(96) 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
(97) 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
(98) 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
(99) 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 WEEKENDS TO MEET THE SERVICE AND CONNECTION NEEDS OF AT LEAST 300 UNSHELTERED, SENIOR, AND ISOLATED VETERANS
(100) 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
(101) THE GOOD NEWS COMMUNITY KITCHEN 308 POPLAR ALLEY B PO BOX 465 OCCOQUAN, VA 22125	47-4432561	501(C)(3)	15,000	0	N/A	N/A		LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(102) THE JOEL FUND PO 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
(103) 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

(104) 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 PARTICIPATING IN THE SERVICE PLATOON PROGRAM'S CITY-WIDE NATIONAL DAYS OF SERVICE, PROJECTS, AND SOCIAL EVENTS
(105) 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 VETERANS EXPERIENCING OR AT RISK FOR HOMELESSNESS TO INCREASE THEIR FINANCIAL LITERACY AND MONEY MANAGEMENT SKILLS AND IMPROVE THEIR WELLBEING AND QUALITY OF LIFE
(106) 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
(107) 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 COGNITIVE PROCESSING THERAPY TO 125 VETERAN-SERVING, COMMUNITY-BASED MENTAL HEALTH PROVIDERS ACROSS THE NATION
(108) 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 COGNITIVE PROCESSING THERAPY TO 125 VETERAN-SERVING, COMMUNITY-BASED MENTAL HEALTH PROVIDERS ACROSS THE NATION
(109) 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 TO ADDRESS THOSE NEEDS
(110) 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
(111) TRI-CITIES MILITARY AFFAIRS COUNCIL (TC-MAC) 555 EAST MAIN STREET KINGSPORT, TN 37660	46-2142491	501(C)(3)	20,000	0	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(112) TRI-COUNTY VETERANS SUPPORT NETWORK 2859 SWEETLEAF LANE JOHN D ISLAND JOHN D ISLAND, SC 29455	90-0959126	501(C)(3)	8,000	0	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(113) 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 ONE-ON-ONE YOUTH MENTORING
(114) 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 INSECURITY BY PROVIDING APPROXIMATELY 20,400 MEALS TO ADDRESS THE IMMEDIATE NEED FOR NUTRITION AS PART OF A HOLISTIC APPROACH TO ADDRESSING HOMELESSNESS
(115) 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
(116) UNITED WAY OF BROWARD COUNTY	59-0624402	501(C)(3)	10,000	0	N/A	N/A	LOCAL PARTNER STIMULUS TO COMBAT



1300 S ANDREWS AVE FORT LAUDERDALE, FL 33316								URGENT NEEDS
(117) 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
(118) 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
(119) 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
(120) 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
(121) 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
(122) 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
(123) 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
(124) 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
(125) UPPER PENINSULA COMMISSION FOR AREA PROGRESS (UPCAP) PO 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
(126) 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
(127) USA VETERAN AND MILITARY SUPPORT FOUNDATION 1015 SOUTH INNER ROAD BUZZARDS BAY, MA 02542	84-2831704	501(C)(3)	15,000	0	N/A	N/A		LOCAL PARTNER STIMULUS TO COMBAT URGENT NEEDS
(128) 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
(129) 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
(130) 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
(131) 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
(132) 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 LONGMONT, CO, ST. LOUIS AND KANSAS CITY, MO THROUGH OUTREACH PROGRAMMING
(133) 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 120 LOW- TO MODERATE- INCOME MILITARY VETERANS IN MASSACHUSETTS THROUGH MEDICAL- LEGAL PARTNERSHIPS WITH TWO VA HEALTH CARE SYSTEMS IN BEDFORD AND BOSTON
(134) 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
(135) 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
(136) VETERANS PLACE OF WASHINGTON BOULEVARD	25-1787030	501(C)(3)	100,000	0	N/A	N/A		PROVIDE A COMBINATION OF

945 WASHINGTON BLVD PITTSBURGH, PA 15206							OUTREACH, SERVICE NAVIGATION, AND FINANCIAL ASSISTANCE TO 150 VETERANS TO INCREASE THEIR ACCESS TO SUPPORTIVE SERVICES AND ENSURE THEIR BASIC NEEDS ARE MET
(137) 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
(138) 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
(139) 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
(140) 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 FEDERAL PROGRAMS BY PROVIDING CASE MANAGEMENT, HEALTHCARE NAVIGATION AND ASSISTANCE, FOOD, AND CONNECTIONS TO PERMANENT, SUSTAINABLE FOOD RESOURCES
(141) 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
(142) 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
(143) 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
(144) 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 IN WEST TEXAS AND EASTERN NEW MEXICO TO IMPROVE THEIR MENTAL HEALTH
(145) 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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 Page 2

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) IVF FINANCIAL ASSISTANCE	71	266,808		N/A	N/A
(2) INDIVIDUAL RESPITE/RECREATION/SOCIALIZATION	33	38,659		FMV	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

**Additional Data**

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[Return to Form](#)

**Software ID:**  
**Software Version:**

<b>efile Public Visual Render</b>	ObjectID: 202311729349301021 - Submission: 2023-06-21	TIN: 26-1441650
<b>Schedule J</b> (Form 990)	<b>Compensation Information</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; color: green;">2022</div> 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	Yes	No									
<b>1a</b> 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. <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</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 . . . . .	<b>1b</b>										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .	<b>2</b>										
<b>3</b> Indicate which, if any, of the following the filing 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. <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
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<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> 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: <table style="width:100%; margin-top: 5px;"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</td> <td style="text-align: center;"><b>4a</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</td> <td style="text-align: center;"><b>4b</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</td> <td style="text-align: center;"><b>4c</b></td> <td style="text-align: center;">No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No	<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No									
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> 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: <table style="width:100%; margin-top: 5px;"> <tr> <td><b>a</b> The organization? . . . . .</td> <td style="text-align: center;"><b>5a</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>b</b> Any related organization? . . . . .</td> <td style="text-align: center;"><b>5b</b></td> <td style="text-align: center;">No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	<b>a</b> The organization? . . . . .	<b>5a</b>	No	<b>b</b> Any related organization? . . . . .	<b>5b</b>	No					
<b>a</b> The organization? . . . . .	<b>5a</b>	No									
<b>b</b> Any related organization? . . . . .	<b>5b</b>	No									
<b>6</b> 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: <table style="width:100%; margin-top: 5px;"> <tr> <td><b>a</b> The organization? . . . . .</td> <td style="text-align: center;"><b>6a</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>b</b> Any related organization? . . . . .</td> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;">No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	<b>a</b> The organization? . . . . .	<b>6a</b>	No	<b>b</b> Any related organization? . . . . .	<b>6b</b>	No					
<b>a</b> The organization? . . . . .	<b>6a</b>	No									
<b>b</b> Any related organization? . . . . .	<b>6b</b>	No									
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	Yes									
<b>8</b> 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 . . . . .	<b>8</b>	No									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>										

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T 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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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.

Return Reference	Explanation
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 J (Form 990) 2022

Additional Data

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**Schedule L**  
(Form 990)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2022**

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Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(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

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

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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
(1) DAVE WOODRUFF	BROTHER-IN-LAW OF DIRECTOR LEE WOODRUFF, BROTHER OF CO-FOUNDER BOB WOODRUFF	271,616	EMPLOYMENT		No

**Part V Supplemental Information**  
Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

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## Additional Data

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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 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

Table with 4 columns: (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. Rows include Art, Books, Cars, Securities, Real estate, etc.

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation.



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.

Return Reference	Explanation
PART I, COLUMN (B):	LINE 9 COLUMN (B) REPORTS A CONTRIBUTION COUNT. LINE 25 COLUMN (B) REPORTS AN ITEM COUNT.
PART I, 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 M (Form 990) (2022)

**Additional Data**

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ **Attach to Form 990 or 990-EZ.**  
▶ Go to [www.irs.gov/Form990](http://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

Return Reference	Explanation
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 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, 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 INTEREST POLICY WOULD BE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	PEO SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 31,440. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 31,440. PROGRAM SERVICES: PROGRAM SERVICE EXPENSES 61,051. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 61,051. COMMUNICATION SERVICES: PROGRAM SERVICE EXPENSES 349,202. MANAGEMENT AND GENERAL EXPENSES 37,755. FUNDRAISING EXPENSES 31,157. TOTAL EXPENSES 418,114. TEMPORARY SERVICES: PROGRAM SERVICE EXPENSES 44,282. MANAGEMENT AND GENERAL EXPENSES 18,926. FUNDRAISING EXPENSES 46,124. TOTAL EXPENSES 109,332. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 1,598,353. MANAGEMENT AND GENERAL EXPENSES 29,052. FUNDRAISING EXPENSES 287,203. TOTAL EXPENSES 1,914,608.

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Cat. No. 51056K

Schedule O (Form 990) 2022

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