

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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): 4628 VERNON BOULEVARD 531. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: LONG ISLAND CITY, NY 11101

D Employer identification number: 26-1441650. E Telephone number: (646) 905-5610. G Gross receipts \$ 48,685,731

F Name and address of principal officer: ANNE MARIE DOUGHERTY, 4628 VERNON BOULEVARD 531, LONG ISLAND CITY, NY 11101

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

Sign Here	Signature of officer ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER			Date 2025-06-15	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2025-06-15	Check <input type="checkbox"/> if self-employed	PTIN P01591796
	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749	
	Firm's address 220 S 6TH STREET SUITE 300 MINNEAPOLIS, MN 55402			Phone no. (612) 376-4500	

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** (2024)

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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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **7,086,165** including grants of \$ **794,835**) (Revenue \$)
 COMMUNITY NETWORKING AND 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. THROUGH SPECIAL EVENTS, WE RAISE AWARENESS ABOUT THE ISSUES VETERANS, FAMILIES, AND CAREGIVERS FACE, TO HONOR THEIR SERVICE AND RAISE FUNDS TO SUPPORT THEM. THESE EVENTS HELP US FURTHER OUR MISSION BY CREATING OPPORTUNITIES TO BRIDGE THE MILITARY/CIVILIAN DIVIDE.

4b (Code:) (Expenses \$ **13,060,600** including grants of \$ **11,565,138**) (Revenue \$)
 IMPACT GRANT MAKING: WE WORK CLOSELY WITH OUR GRANTEEES AND PARTNERS TO ENSURE IMPACT, BUILD AWARENESS OF TRENDS WITHIN THE VETERAN SPACE, AND PROVIDE OPPORTUNITIES FOR COLLABORATION WITH OTHER ORGANIZATIONS THAT WORK IN THE VETERAN AND MILITARY COMMUNITY. WE INVEST IN PROGRAMS THAT ACKNOWLEDGE THE INTERCONNECTEDNESS OF ISSUES: A PERSON'S HOUSING STATUS WILL AFFECT THEIR ABILITY TO FIND A JOB, OR FEEDING YOURSELF IS HARDER WHEN STRUGGLING WITH YOUR MENTAL HEALTH FOR EXAMPLE. IN FACT, SINCE 2020, WE HAVE INVESTED OVER \$20 MILLION NATIONWIDE. WE UNDERSTAND THAT SOME OF THE MILITARY COMMUNITY'S GREATEST CHALLENGES - MENTAL HEALTH AND WELLBEING, LEGAL ISSUES, EMPLOYMENT, HOUSING, AND FOOD INSECURITY - ARE INTERCONNECTED AND REQUIRE AN INTEGRATED APPROACH.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses **20,146,765**

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 numbered questions regarding organizational requirements and schedules.

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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question ID, question text, and response options (Yes/No). Rows include questions 2a through 15 regarding employee reporting, tax returns, foreign accounts, and charitable trusts.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17		

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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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 20		
b Enter the number of voting members included in line 1a, above, who are independent	1b 20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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

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. Indicate how you made these available. Check all that apply.

- Own website
- Another's website
- Upon request
- Other (explain in Schedule O)

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 4628 VERNON BOULEVARD 531 LONG ISLAND CITY, NY 11101 (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	Former			
(1) SUNI HARFORD CHAIRMAN	10.00	X		X				0	0	0
(2) LEE WOODRUFF VICE PRESIDENT	10.00	X		X				0	0	0
(3) STEVE CRAWFORD TREASURER UNTIL APRIL 2024	10.00	X		X				0	0	0
(4) EDWARD TOPTANI SECRETARY	10.00	X		X				0	0	0
(5) MICHAEL HOFFMAN TREASURER STARTING APRIL 2024	10.00	X		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) CAROLINE HIRSCH DIRECTOR	2.00	X						0	0	0

(9) JAMES HNAT DIRECTOR	2.00	X								0	0	0
(10) CRAIG NEWMARK DIRECTOR	2.00	X								0	0	0
(11) COLIN HEFFRON DIRECTOR	2.00	X								0	0	0
(12) LTG NADJA WEST DIRECTOR	2.00	X								0	0	0
(13) L THOMAS HILTZ DIRECTOR	2.00	X								0	0	0
(14) MICHAEL KEYES DIRECTOR	2.00	X								0	0	0
(15) MARTHA RADDATZ DIRECTOR	2.00	X								0	0	0
(16) ED HAN DIRECTOR	2.00	X								0	0	0
(17) GENERAL ROBERT ABRAMS DIRECTOR	2.00	X								0	0	0

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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) RALPH ANDRETTA DIRECTOR	2.00	X						0	0	0
(19) DIETRICH KUHLMANN DIRECTOR	2.00	X						0	0	0
(20) GARY SHEDLIN DIRECTOR	2.00	X						0	0	0
(21) HOLLY SPEYER LIPTON DIRECTOR	2.00	X						0	0	0
(22) ANNE MARIE DOUGHERTY CHIEF EXECUTIVE OFFICER	60.00			X				417,764	0	79,400
(23) TODD DUSO CFO/COO	60.00			X				310,758	0	60,247
(24) MARGARET HARRELL CHIEF PROGRAM OFFICER	40.00					X		297,058	0	71,544
(25) DAVE WOODRUFF CO-FOUNDER & CHIEF REVENUE OFFICER	40.00					X		262,196	0	46,831
(26) KELLY CLARK CHIEF DEVELOPMENT OFFICER	40.00					X		261,848	0	57,446
(27) DINA SHAPIRO EXEC DIR EVENTS/SPECIAL PROJECTS	40.00					X		193,855	0	61,661

EXEC. DIR. EVENTS/SPECIAL PROJECTS												
(28) TEMPLE SEIGLER	40.00							X		193,435	0	28,160
SENIOR DIRECTOR OF DEVELOPMENT												

1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)										1,936,914	0	405,289

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 **13**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 LL 45 MAIN ST SUITE 424 BROOKLYN, NY 11201	EVENT PRODUCTION	1,075,996
RSM US LLP 5155 PAYSHERE CIRCLE CHICAGO, IL 60674	ACCOUNTING AND IT SUPPORT	686,738
MOTHERMAC 23 CLUB DRIVE SUMMIT, NJ 07901	IT SUPPORT	231,750
JOBPATH PARTNERS LLC 5 PENN PLAZA 23RD FLOOR NEW YORK, NY 10001	SUBSCRIPTION SERVICES	175,000
WILLIAM MORRIS ENDEAVOR ENTERTAINMENT L 1201 DEMONBREUN STREET 15TH FLOOR NASHVILLE, TN 37203	EVENT PRODUCTION	150,000

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 **7**

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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
 Federated campaigns	1a			
Contributions, Gifts, Grants, and Membership dues	1b			
OtherAmt				
Similar fundraising events	1c			
Amounts	4,008,065			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			

43,553,923	
g Noncash contributions included in lines 1a - 1f:\$	1g
100	
h Total. Add lines 1a-1f	47,561,988

Program Service Revenue	2a	Business Code				
	f All other program service revenue.					
	9 Total. Add lines 2a-2f.					

	3 Investment income (including dividends, interest, and other similar amounts)		856,016			856,016
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
Other Revenue	6a Gross rents	(i) Real	(ii) Personal			
		6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a				
		b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 4,008,065 of contributions reported on line 1c). See Part IV, line 18			255,412			
	8a					
	b Less: direct expenses	8b	539,988			
c Net income or (loss) from fundraising events			-284,576		-284,576	
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						

	11a OTHER REVENUE	Business Code	900099	12,315		12,315
	b					

Other Revenue					
Misc Amt					
d All other revenue					
e Total. Add lines 11a-11d			12,315		
12 Total revenue. See instructions		48,145,743	0	0	583,755

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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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,981,981	11,981,981		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	377,992	377,992		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	868,169	607,718	99,059	161,392
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	309,027	123,611	15,451	169,965
7 Other salaries and wages	3,025,893	1,809,050	352,927	863,916
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	206,705	128,433	24,220	54,052
9 Other employee benefits	290,842	184,634	36,315	69,893
10 Payroll taxes	275,974	166,541	30,855	78,578
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	171,130		171,130	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,429,891	2,691,635	254,341	483,915
12 Advertising and promotion	185,278	145,739	10,585	28,954
13 Office expenses	204,005	89,043	69,069	45,893
14 Information technology	976,606	618,706	106,518	251,382
15 Royalties				
16 Occupancy	107,679	93,520	3,411	10,748
17 Travel	544,344	410,326	28,835	105,183
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	328,244	313,254	3,353	11,637
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,997	10,708	1,870	4,419
23 Insurance	64,677	22,445	3,919	38,313
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES, BOOKS, AND SUBSCR	444,875	287,615	57,503	99,757

b GIFTS AND AWARDS	54,940	20,883	3,380	30,677
c AUDIO VISUAL/PRODUCTION	54,253	51,554		2,699
d FEES	52,996	2,487	5,617	44,892
e All other expenses	34,254	8,890	13,518	11,846
25 Total functional expenses. Add lines 1 through 24e	24,006,752	20,146,765	1,291,876	2,568,111
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	1,782,394	1,247,676	0	534,718

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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
Assets	1 Cash—non-interest-bearing	2,380,453	1	3,156,180
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	16,563,759	3	36,154,268
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,007	8	0
	9 Prepaid expenses and deferred charges	396,396	9	385,823
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 262,243		
	b Less: accumulated depreciation	10b 256,867	22,373	10c 5,376
	11 Investments—publicly traded securities	27,316,951	11	31,886,089
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	46,687,939	16	71,587,736	
Liabilities	17 Accounts payable and accrued expenses	360,688	17	517,173
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	360,688	26	517,173
Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,801,800	27	18,304,342
	28 Net assets with donor restrictions	26,525,451	28	52,766,221
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building or equipment fund		30		

Net Ass	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	46,327,251	32	71,070,563
	33 Total liabilities and net assets/fund balances	46,687,939	33	71,587,736

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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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,145,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,006,752
3	Revenue less expenses. Subtract line 2 from line 1	3	24,138,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,327,251
5	Net unrealized gains (losses) on investments	5	604,321
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	71,070,563

Part XII **Financial Statements and Reporting**

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

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

Form 990 (2024)

Form 990 (2024)

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

2024

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.

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

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	9,831,301	13,343,732	29,406,828	38,845,027	47,561,988	138,988,876
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
4 Total. Add lines 1 through 3	9,831,301	13,343,732	29,406,828	38,845,027	47,561,988	138,988,876
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						70,543,737
6 Public support. Subtract line 5 from line 4.						68,445,139

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	9,831,301	13,343,732	29,406,828	38,845,027	47,561,988	138,988,876
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,210	1,725	48,669	516,862	856,016	1,431,482
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	2,512	20,209	54,623	11,030	12,315	100,689
11 Total support. Add lines 7 through 10						140,521,047
12 Gross receipts from related activities, etc. (see instructions)					12	956,812
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	48.710 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	59.040 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business						

4	under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c	Add lines 7a and 7b.					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests-2024. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests-2023. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2024

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

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

Schedule A (Form 990) 2024

Part IV Supporting Organizations (continued)

	Yes	No
11		
a		
b		
c		

Section B. Type I Supporting Organizations

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

Yes No

	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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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).		
2		
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.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a 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.**

	Yes	No
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.		
2a		
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.		
2b		
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 .		
3a		
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.		
3b		

Schedule A (Form 990) 2024

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	

d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5		
6 Other distributions (<i>describe in Part VI</i>). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8		
9 Distributable amount for 2024 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			

a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020. . . .			
b Excess from 2021. . . .			
c Excess from 2022. . . .			
d Excess from 2023. . . .			
e Excess from 2024. . . .			

Schedule A (Form 990) (2024)

Schedule A (Form 990) 2024

Page 8

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2020 AMOUNT: \$ 2,512. 2021 AMOUNT: \$ 20,209. 2022 AMOUNT: \$ 54,623. 2023 AMOUNT: \$ 11,030. 2024 AMOUNT: \$ 12,315.

Schedule A (Form 990) 2024

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Name of the organization BOB WOODRUFF FAMILY FOUNDATION INC

Employer identification number 26-1441650

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (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...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization BOB WOODRUFF FAMILY FOUNDATION INC

Employer identification number 26-1441650

Part I

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

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a 'RESTRICTED' label and a 'Person' checkbox.

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

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

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

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

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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	
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Additional Data

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

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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.

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 options. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1a, 1b, and 2 regarding collections of art and historical treasures.

Schedule D (Form 990) (Rev. 1-2025)

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment
c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) (Rev. 1-2025)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
Federal income taxes	

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SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities 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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BOB WOODRUFF FAMILY FOUNDATION INC

Employer identification number 26-1441650

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		STAND UP FOR HEROES (event type)	VETERANS GOLF CLASSIC (event type)	1 (total number)	(add col. (a) through col. (c))
1	Gross receipts	3,755,131	493,509	14,837	4,263,477
2	Less: Contributions	3,512,269	483,309	12,487	4,008,065
3	Gross income (line 1 minus line 2)	242,862	10,200	2,350	255,412
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	179,812	80,685	260,497
	7	Food and beverages	139,675	2,300	141,975
	8	Entertainment	19,121	20,449	39,570
	9	Other direct expenses	66,349	31,597	97,946
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-284,576

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	13a _____ %

b An outside facility **13b** %

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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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Schedule G (Form 990) (Rev. 1-2025)

Additional Data

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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**

OMB No. 1545-0047

(Rev. January 2025)

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization BOB WOODRUFF FAMILY FOUNDATION INC	Employer identification number 26-1441650
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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) MOVE UNITED 451 HUNGERFORD DRIVE 608 ROCKVILLE, MD 20850	94-6174016	501C3	885,000	0	N/A	N/A	ADAPTIVE SPORTS; USAWFL ALL-STAR GAME
(2) UT FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	74-1587488	501C3	600,000	0	N/A	N/A	CLINICAL MENTAL HEALTH
(3) UNIVERSITY OF FLORIDA FOUNDATION INC 1938 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32604	59-0974739	501C3	500,800	0	N/A	N/A	PHYSICAL HEALTH
(4) VOLUNTEERS OF AMERICA OF FLORIDA INC 850 5TH AVE SOUTH SUITE 1100 ST PETERSBURG, FL 33701	58-1856992	501C3	428,000	0	N/A	N/A	HOUSING SERVICES; DISASTER RELIEF
(5) ASPIRE HEALTH PARTNERS 4520 OAK FAIR BLVD SUITE 100 TAMPA, FL 33610	59-2301233	501C3	400,000	0	N/A	N/A	CLINICAL MENTAL HEALTH
(6) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 122 BOYLSTON STREET JAMAICA PLAIN, MA 02130	04-2103680	501C3	367,623	0	N/A	N/A	LEGAL SERVICES
(7) FAMILY ENDEAVORS INC 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	23-7223078	501C3	350,000	0	N/A	N/A	CLINICAL MENTAL HEALTH
(8) BALTIMORE RESEARCH AND EDUCATION FOUNDATION INC 10 NORTH GREENE STREET MAIL STOP 151 BALTIMORE, MD 21201	52-1705976	501C3	336,225	0	N/A	N/A	BASIC NEEDS ASSISTANCE
(9) SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION 401 VAN NESS AVE SUITE 313 SAN FRANCISCO, CA 94102	94-2260626	501C3	325,000	0	N/A	N/A	HOUSING SERVICES; LEGAL SERVICES
(10) BAY AREA LEGAL SERVICES INC 1302 NORTH 19TH STREET SUITE 400 TAMPA, FL 33605	59-1171886	501C3	271,000	0	N/A	N/A	LEGAL SERVICES
(11) RUTGERS UNIVERSITY FOUNDATION WINANTS HALL 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501C3	261,225	0	N/A	N/A	RESOURCE NAVIGATION; CONFERENCE SCHOLARSHIP
(12) ARMY EMERGENCY RELIEF 2530 CRYSTAL DRIVE 13TH FL ARLINGTON, VA 22202	53-0196552	501C3	255,000	0	N/A	N/A	DISASTER RELIEF; BASIC NEEDS ASSISTANCE
(13) EMORY UNIVERSITY 12 EXECUTIVE PARK DR NE SUITE 170 ATLANTA, GA 30329	58-0566256	501C3	250,800	0	N/A	N/A	CLINICAL MENTAL HEALTH; CONFERENCE SCHOLARSHIP
(14) US VETS 800 WEST SIXTH STREET SUITE 1505 LOS ANGELES, CA 90017	95-4382752	501C3	250,000	0	N/A	N/A	HOUSING SERVICES; SUPER BOWL EVENT FUNDING
(15) JEWISH FAMILY & CHILDREN'S SERVICE OF THE SUNCOAST 2688 FRUITVILLE ROAD SARASOTA, FL 34237	59-2693318	501C3	200,000	0	N/A	N/A	HOUSING SERVICES
(16) THE OHIO STATE UNIVERSITY 901 WOODY HAYES DRIVE COLUMBUS, OH 43210	31-6025986	501C3	200,000	0	N/A	N/A	CLINICAL MENTAL HEALTH
(17) VALLEY CITIES COUNSELING AND CONSULTATION 325 W GOWE STREET KENT, WA 98032	91-6063183	501C3	200,000	0	N/A	N/A	CLINICAL MENTAL HEALTH
(18) NAVY-MARINE CORPS RELIEF SOCIEY 875 N RANDOLPH STREET SUITE 225 ARLINGTON, VA 22203	53-0204618	501C3	195,000	0	N/A	N/A	DISASTER RELIEF; BASIC NEEDS ASSISTANCE
(19) THE MISSION CONTINUES	20-8742553	501C3	179,514	0	N/A	N/A	DISASTER RELIEF

1141 S / IHSI ST LOUIS, MO 63104								
(20) SERVICES FOR THE UNDERSERVED INC 463 SEVENTH AVENUE 17TH FLOOR NEW YORK, NY 10018	91-1918247	501C3	175,900	0	N/A	N/A		HOUSING AND EMPLOYMENT SERVICES; CONFERENCE SCHOLARSHIP
(21) ARMED SERVICES ARTS PARTNERSHIP 2461 EISENHOWER AVE FLOOR 2 ALEXANDRIA, VA 22314	47-4007504	501C3	175,000	0	N/A	N/A		SOCIAL CONNECTION AND WELLBEING
(22) NYU GROSSMAN SCHOOL OF MEDICINE 550 1ST AVENUE NEW YORK, NY 10016	13-5562308	501C3	175,000	0	N/A	N/A		CLINICAL MENTAL HEALTH
(23) OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501C3	151,774	0	N/A	N/A		CASE MANAGEMENT AND SUPPORTIVE SERVICES; DISASTER RELIEF; CONFERENCE SCHOLARSHIP; VETFEST
(24) HOMELESS EMPOWERMENT PROGRAM 1120 NORTH BETTY LANE CLEARWATER, FL 33755	59-2729694	501C3	150,900	0	N/A	N/A		HOUSING SERVICES; CONFERENCE SCHOLARSHIP
(25) RED SOX FOUNDATION AND MASSACHUSETTS GENERAL HOSPITAL HOME BASE PROGRAM 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	04-1564655	501C3	150,800	0	N/A	N/A		CLINICAL MENTAL HEALTH; CONFERENCE SCHOLARSHIP
(26) COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501C3	150,000	0	N/A	N/A		DISASTER RELIEF
(27) SOUTHEAST LOUISIANA LEGAL SERVICES PO BOX 2867 HAMMOND, LA 70404	72-0877422	501C3	145,000	0	N/A	N/A		LEGAL SERVICES
(28) LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOCIATION INC 100 EAST ROBINSON STREET ORLANDO, FL 32801	59-1208322	501C3	130,000	0	N/A	N/A		LEGAL SERVICES
(29) PEOPLE ASSISTING THE HOMELESS 340 N MADISON AVE LOS ANGELES, CA 90004	95-3950196	501C3	125,900	0	N/A	N/A		HOUSING SERVICES; CONFERENCE SCHOLARSHIP
(30) THE HEADSTRONG PROJECT 4504 162ND STREET SUITE 203 FLUSHING, NY 11358	45-5261907	501C3	125,800	0	N/A	N/A		CLINICAL MENTAL HEALTH; CONFERENCE SCHOLARSHIP
(31) AIR FORCE AID SOCIETY INC 1550 CRYSTAL DRIVE 809 ARLINGTON, VA 22202	54-1797281	501C3	125,000	0	N/A	N/A		BASIC NEEDS ASSISTANCE
(32) ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY 1845 BREVARD ROAD ARDEN, NC 28704	56-0945001	501C3	125,000	0	N/A	N/A		DISASTER RELIEF
(33) CHILD AND FAMILY SERVICE 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0073483	501C3	125,000	0	N/A	N/A		CLINICAL MENTAL HEALTH
(34) NEXTOP INC 2929 MCKINNEY STREET HOUSTON, TX 77003	47-1492344	501C3	125,000	0	N/A	N/A		EMPLOYMENT SERVICES
(35) INNER CITY LAW CENTER 1309 E 7TH ST LOS ANGELES, CA 90021	95-3697572	501C3	120,900	0	N/A	N/A		LEGAL SERVICES; CONFERENCE SCHOLARSHIP
(36) RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK 555 WEST 57TH STREET SUITE 1400 NEW YORK, NY 10019	13-1988190	501C3	120,000	0	N/A	N/A		SOCIAL CONNECTION AND WELLBEING
(37) VETERANS LEGAL SERVICES INC PO BOX 8457 BOSTON, MA 02114	04-3212264	501C3	120,000	0	N/A	N/A		LEGAL SERVICES
(38) ALASKA LEGAL SERVICES CORPORATION 1016 W 6TH AVE STE 200 ANCHORAGE, AK 99567	92-0034754	501C3	110,000	0	N/A	N/A		LEGAL SERVICES
(39) THE STEVEN A COHEN MILITARY FAMILY CLINIC AT RED ROCK 4400 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	87-3666340	501C3	105,000	0	N/A	N/A		CLINICAL MENTAL HEALTH
(40) BASTION COMMUNITY OF RESILIENCE 1901 MIRABEAU AVENUE NEW ORLEANS, LA 70122	27-4383654	501C3	101,700	0	N/A	N/A		FOOD ASSISTANCE; CONFERENCE SCHOLARSHIPS
(41) VETERANS BRIDGE HOME INC 5260 PARKWAY PLAZA BLVD SUITE 110 CHARLOTTE, NC 28217	45-2350728	501C3	101,700	0	N/A	N/A		EMPLOYMENT SERVICES; CONFERENCE SCHOLARSHIPS
(42) ALASKA BEHAVIORAL HEALTH 1450 MULDOON RD SUITE 111 ANCHORAGE, AK 99504	51-0152394	501C3	100,000	0	N/A	N/A		CLINICAL MENTAL HEALTH
(43) DC CENTRAL KITCHEN INC 425 2ND STREET NW	52-1584936	501C3	100,000	0	N/A	N/A		FOOD ASSISTANCE

WASHINGTON, DC 20001								
(44) HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 320 SPRINGFIELD, VA 22151	20-5182295	501C3	100,000	0	N/A	N/A	CLINICAL MENTAL HEALTH	
(45) INSIGHT HOUSING (PREVIOUSLY BERKELEY FOOD AND HOUSING PROJECT) 2855 TELEGRAPH AVE SUITE 601 BERKELEY, CA 94705	94-2979073	501C3	100,000	0	N/A	N/A	HOUSING SERVICES	
(46) OPERATION OPPORTUNITY FOUNDATION 1012 14TH ST NW 1200 WASHINGTON, DC 20005	45-2745669	501C3	100,000	0	N/A	N/A	EDUCATION SERVICES	
(47) VOLUNTEERS OF AMERICA MICHIGAN INC 21700 NORTHWESTERN HIGHWAY SUITE 700 SOUTHFIELD, MI 48075	38-1566662	501C3	90,000	0	N/A	N/A	HOUSING SERVICES; NFL DRAFT EVENT FUNDING	
(48) MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 1000 UNIVERSITY AVENUE WEST SUITE 10 ST PAUL, MN 55104	41-1694717	501C3	87,000	0	N/A	N/A	HOUSING SERVICES; CONFERENCE SCHOLARSHIP; SUFH TRAVEL STIPENDS	
(49) HVAF OF INDIANA 964 NORTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	35-1890547	501C3	85,000	0	N/A	N/A	EMPLOYMENT SERVICES	
(50) VETERANS LEGAL INSTITUTE 1231 WARNER AVENUE TUSTIN, CA 92780	47-1608069	501C3	75,900	0	N/A	N/A	LEGAL SERVICES; CONFERENCE SCHOLARSHIP	
(51) BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY 4305 UNIVERSITY AVENUE SUITE 590 SAN DIEGO, CA 92105	95-2151526	501C3	75,000	0	N/A	N/A	SOCIAL CONNECTION AND WELLBEING	
(52) CHILDREN'S RESEARCH TRIANGLE 70 EAST LAKE STREET SUITE 1300 CHICAGO, IL 60601	36-4236142	501C3	75,000	0	N/A	N/A	CLINICAL MENTAL HEALTH	
(53) LEGAL AID OF NORTH CAROLINA INC 319 CHAPANOKE ROAD SUITE 104 RALEIGH, NC 27603	31-1784161	501C3	75,000	0	N/A	N/A	LEGAL SERVICES	
(54) LEGAL SERVICES ALABAMA 2567 FAIRLANE DR SUITE 200 MONTGOMERY, AL 36116	63-0743038	501C3	75,000	0	N/A	N/A	LEGAL SERVICES	
(55) NEW VISIONS HOMELESS SERVICES 1435 N 15TH STREET COUNCIL BLUFFS, IA 51501	81-2668778	501C3	75,000	0	N/A	N/A	HOUSING SERVICES	
(56) NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	13-4145441	501C3	75,000	0	N/A	N/A	EMPLOYMENT SERVICES	
(57) POVERELLO CENTER INC PO BOX 7644 MISSOULA, MT 59807	23-7439391	501C3	75,000	0	N/A	N/A	HOUSING SERVICES	
(58) WEAR BLUE RUN TO REMEMBER 3427 MCDANIEL STREET DUPONT, WA 98327	27-2165561	501C3	75,000	0	N/A	N/A	SOCIAL CONNECTION AND WELLBEING	
(59) WELCOME HOME INC 2120 BUSINESS LOOP 70 E COLUMBIA, MO 65201	43-1372690	501C3	75,000	0	N/A	N/A	HOUSING SERVICES	
(60) AMERICA'S WARRIOR PARTNERSHIP 1450 GREENE STREET SUITE 135 AUGUSTA, GA 30901	47-1606321	501C3	70,000	0	N/A	N/A	CASE MANAGEMENT AND SUPPORTIVE SERVICES; DISASTER RELIEF	
(61) TRAVIS MANION FOUNDATION 140 E STATE ST DOYLESTOWN, PA 18901	41-2237951	501C3	60,900	0	N/A	N/A	SOCIAL CONNECTION AND WELLBEING	
(62) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - ECKHERT ROAD 5788 ECKHERT ROAD SAN ANTONIO, TX 78240	74-1586031	501C3	54,900	0	N/A	N/A	CONFERENCE SPONSORSHIP AND REGISTRATIONS	
(63) BLUE STAR FAMILIES INC 441 SAXONY AVE THE HIVE/BARN 2 ENCINITAS, CA 92024	80-0369895	501C3	50,000	0	N/A	N/A	COLLABORATIVE ENGAGEMENT	
(64) CLEAR PATH FOR VETERANS INC 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513	501C3	50,000	0	N/A	N/A	CASE MANAGEMENT AND SUPPORTIVE SERVICES	
(65) COAST GUARD MUTUAL ASSISTANCE INC 1005 N GLEBE ROAD SUITE 220 ARLINGTON, VA 22201	31-1801931	501C3	50,000	0	N/A	N/A	BASIC NEEDS ASSISTANCE	
(66) COMMUNITY HOPE INC 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054	22-2647038	501C3	50,000	0	N/A	N/A	HOUSING SERVICES	
(67) EASTER SEALS SERVING	53-0212296	501C3	50,000	0	N/A	N/A	CLINICAL MENTAL	

DC MD VA 1420 SPRING ST SILVER SPRING, MD 20910							HEALTH
(68) FEEDING AMERICA 161 N CLARK STREET SUITE 700 CHICAGO, IL 60601	36-3673599	501C3	50,000	0	N/A	N/A	FOOD ASSISTANCE
(69) FRIENDSHIP PLACE 4713 WISCONSIN AVENUE WASHINGTON, DC 20016	52-1925494	501C3	50,000	0	N/A	N/A	HOUSING SERVICES
(70) GOD'S LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501C3	50,000	0	N/A	N/A	FOOD ASSISTANCE
(71) OUR MILITARY KIDS 2911 HUNTER MILL ROAD SUITE 203 OAKTON, VA 22124	56-2483648	501C3	50,000	0	N/A	N/A	SOCIAL CONNECTION AND WELLBEING
(72) RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111	75-6005093	501C3	50,000	0	N/A	N/A	CLINICAL MENTAL HEALTH
(73) TUESDAY'S CHILDREN 390 PLANDOME ROAD SUITE 215 MANHASSET, NY 11030	52-2347446	501C3	50,000	0	N/A	N/A	SOCIAL CONNECTION AND WELLBEING
(74) TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501C3	50,000	0	N/A	N/A	CASE MANAGEMENT AND SUPPORTIVE SERVICES
(75) COBB COLLABORATIVE INC 1314 CHURCH ST SE SUITE A SMYRNA, GA 30080	58-2278352	501C3	25,900	0	N/A	N/A	HOUSING SERVICES; CONFERENCE SCHOLARSHIP
(76) EASTER SEALS OF GREATER HOUSTON INC 4888 LOOP CENTRAL DR STE 200 HOUSTON, TX 77081	74-1238418	501C3	35,900	0	N/A	N/A	DISASTER RELIEF; CONFERENCE SCHOLARSHIP
(77) MERGING VETS AND PLAYERS 11700 W CHARLESTON BLVD 170-703 LAS VEGAS, NV 89135	81-2878851	501C3	27,000	0	N/A	N/A	SOCIAL CONNECTION AND WELLBEING
(78) UPSTATE WARRIOR SOLUTION 770 PELHAM RD STE 102 GREENVILLE, SC 29615	46-1699670	501C3	25,900	0	N/A	N/A	DISASTER RELIEF; CONFERENCE SCHOLARSHIP
(79) FAMILY HOUSTON 4625 LILLIAN STREET HOUSTON, TX 77007	74-1152613	501C3	25,000	0	N/A	N/A	DISASTER RELIEF
(80) FOOTPRINTS INC 2017 E LINWOOD BLVD KANSAS CITY, MO 64109	43-1648039	501C3	25,000	0	N/A	N/A	HOUSING SERVICES
(81) UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501C3	25,000	0	N/A	N/A	GOT YOUR 6 SUMMIT
(82) NATIONAL COALITION FOR HOMELESS VETERANS 1730 M ST NW WASHINGTON, DC 20036	52-1826860	501C3	22,120	0	N/A	N/A	CONFERENCE REGISTRATIONS
(83) NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	94-3025807	501C3	20,000	0	N/A	N/A	ADAPTIVE SPORTS
(84) HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77029	74-2181456	501C3	15,000	0	N/A	N/A	DISASTER RELIEF
(85) MUSICIANS ON CALL INC 618 GRASSMERE PARK SUITE 1 NASHVILLE, TN 37211	13-4067116	501C3	15,000	0	N/A	N/A	COLLABORATIVE ENGAGEMENT
(86) TRI-COUNTY VETERANS SUPPORT NETWORK 2859 SWEETLEAF LANE JOHNS ISLAND, SC 29455	90-0959126	501C3	15,000	0	N/A	N/A	DISASTER RELIEF
(87) HEROIC HEARTS PROJECT INC 105 WEST 125TH ST FRONT 1 1258 NEW YORK, NY 10027	82-1697268	501C3	10,000	0	N/A	N/A	COLLABORATIVE ENGAGEMENT
(88) THE GIGO FUND PO BOX 1777 NEW BRUNSWICK, NJ 08903	20-4990937	501C3	5,900	0	N/A	N/A	COLLABORATIVE ENGAGEMENT; CONFERENCE SCHOLARSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 88
 3 Enter total number of other organizations listed in the line 1 table 0

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	99	319,091		N/A	N/A
(2) RESPITE/RECREATION/SOCIALIZATION	70	58,901		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.

Schedule I (Form 990) Rev. 1-2025

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Schedule J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

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

Table with 3 columns: Question, Yes, No. Contains questions 1a through 9 regarding compensation reporting.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

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.

Table with 8 columns: (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. Lists individuals like ANNE MARIE DOUGHERTY, TODD DUSO, MARGARET HARRELL, KELLY CLARK, and DAVE WOODRUFF.

6 DINA WOODRUFF
CO-FOUNDER & CHIEF REVENUE OFFICER

(i)	100,000	0	0	10,000	20,231	309,027	0
(ii)	0	0	0	0	0	0	0

6 DINA SHAPIRO
EXEC. DIR. EVENTS/SPECIAL PROJECTS

(i)	193,855	0	0	14,124	47,537	255,516	0
(ii)	0	0	0	0	0	0	0

7 TEMPLE SEIGLER
SENIOR DIRECTOR OF DEVELOPMENT

(i)	193,435	0	0	14,206	13,954	221,595	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

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
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Schedule J (Form 990) (Rev. 1-2025)

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Schedule L (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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 for instructions and the latest information.

OMB No. 1545-0047 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 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.

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

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

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990) (Rev. 1-2025)

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

Table with 5 main columns: (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)

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

Table with 2 columns: Return Reference and Explanation

Additional Data

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SCHEDULE O
(Form 990)
 (Rev. January 2025)
 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
 BOB WOODRUFF FAMILY FOUNDATION INC

Employer identification number
 26-1441650

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 A, LINE 2	DAVE WOODRUFF AND LEE WOODRUFF - FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED 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 15A	THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARY DATA FROM SEVERAL SOURCES TO ENSURE THE COMPENSATION IS IN LINE WITH SIMILAR ORGANIZATIONS. THE DECISION IS DOCUMENTED VIA EMAIL COMMUNICATIONS BETWEEN COMMITTEE MEMBERS. THIS WAS MOST RECENTLY COMPLETED IN 2024. THE COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER IN CONSULTATION WITH THE BOARD CHAIR AND COMMITTEE MEMBERS. COMPARABLE SALARY DATA FROM SEVERAL SOURCES IS USED TO ENSURE COMPENSATION IS IN LINE WITH SIMILAR ORGANIZATIONS AND JOB DESCRIPTIONS. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS 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 30,127. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 30,127. PROGRAM SERVICES: PROGRAM SERVICE EXPENSES 24,723. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 24,723. COMMUNICATION SERVICES: PROGRAM SERVICE EXPENSES 220,932. MANAGEMENT AND GENERAL EXPENSES 84,057. FUNDRAISING EXPENSES 25,508. TOTAL EXPENSES 330,497. TEMPORARY SERVICES: PROGRAM SERVICE EXPENSES 20,900. MANAGEMENT AND GENERAL EXPENSES 78,680. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 99,580. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,425,080. MANAGEMENT AND GENERAL EXPENSES 61,477. FUNDRAISING EXPENSES 458,407. TOTAL EXPENSES 2,944,964.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS FOR THE AUDIT DURING THE YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

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