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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury
Internal Revenue Service

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For	calend	ar year 2009, or tax year beginning , a	and ending				_
G	heck a	Ill that apply Initial return Initial re	turn of a former public	charity		Final return	
		Amended return Add	ress change	Nam	e change		
Use	the IR	S Name of foundation			A Emp	oloyer Identification nur	nber
	abel.	THE MARVIN AND DEE WOODALI	L		23	-3097172	
Oth	erwise	CHARITABLE FOUNDATION		B Tele	phone number (see page	10 of the instructions)	
J	print	Number and street (or P O box number if mail is not delivered	d to street address)	Room/suite	7		•
OI	type.	775 PEBBLE HILL ROAD	<i>'</i>		C If exe	emption application is pen	ding, check here
See	Specif	ic City or town, state, and ZIP code				oreign organizations, chec	. 🗀
Inst	ruction	•	18901			oreign organizations meet	· –
H	heck t	ype of organization X Section 501(c)(3) exempt private		-		5% test, check here and a	- 1 1
			e private foundation		E If pri	vate foundation status was	terminated under
		ket value of all assets at end J Accounting method.	Cash X Acc	rual	- 1	on 507(b)(1)(A), check he	- L
of	vear (1	from Part II, col (c), Other (specify)			F If the	foundation is in a 60-mor	ith termination
	ne 16) I		be on cash basis)			er section 507(b)(1)(B), che	
	art I	Analysis of Revenue and Expenses (The	(a) Revenue and			, <u>.</u>	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		nvestment	(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of the instructions))	books	ine	come	income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule)	50,000		-		(casi: pasis offi)
2010	2	Check ▶ ☐ if the foundation is not required to attach Sch B		_	· · · · · · · · · · · · · · · · · · ·		
7	3	Interest on savings and temporary cash investments	30,535		30,535		
ම	4	Dividends and interest from securities	71,190		71,190		
	5a	Gross rents			,		
\geq	b	Net rental income or (loss)					
SŽ	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue Revenue	b	Gross sales price for all assets on line 6a					
₩.	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain	···			0	· · · · · · · · · · · · · · · · · · ·
\$	9	Income modifications	*				
))	10a	Gross sales less return Rentitiva nees / F					
	b	Less Cost of goods sold					
	c	Gross profit orchoss) (attach schedule) Other income (attach schedule)					
	11	Other income Tattach Schedule 2010					
	12	Total. Add lines 1 through 11	151,725		101,725	0	
	13	Compensation of offices, pleetors, trustees, e.c.					
penses	14	Other employee salaries and wages			-		<u> </u>
Ë	15	Pension plans, employee benefits					 -
	16a	Legal fees (attach schedule) See Stmt 1	788				
Ä	b	Accounting fees (attach schedule) Stmt 2	820			1	
Operating and Administrative	C	Other professional fees (attach schedule)					-
rat	17	Interest					
ist	18	Taxes (attach schedule) (see page 14 of the instructions)					
Ë	19	Depreciation (attach schedule) and depletion				1	,
dп	20	Occupancy				1	
Ā	21	Travel, conferences, and meetings					
ī	22	Printing and publications	-				
g	23	Other expenses (att sch) Stmt 3	150				
ij	24	Total operating and administrative expenses.					
<u>ra</u>	i	Add lines 13 through 23	1,758		0)	ه ا
þe	25	Contributions, gifts, grants paid	170,300			<u> </u>	170,300
O	26	Total expenses and disbursements. Add lines 24 and 25	172,058		0	0	
	27	Subtract line 26 from line 12.				<u> </u>	
	а	Excess of revenue over expenses and disbursements	-20,333				
	Ь	Net investment income (if negative, enter -0-)			101,725		
	С	Adjusted net income (if negative, enter -0-)	 			0	

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om **330-F1** (2009)

	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year		End of year		
_	- alt l	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value	
	1	Cash—non-interest-bearing			[
	2	Savings and temporary cash investments	88,642	165,2	99	165,299	
	3	Accounts receivable ▶			T		
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less allowance for doubtful accounts ▶			1		
	5	Grants receivable		-	\neg		
	6	Receivables due from officers, directors, trustees, and other			\neg		
	•	disqualified persons (attach schedule) (see page 16 of the					
		instructions)					
	7	Other notes and loans receivable (att schedule)					
	'	Less allowance for doubtful accounts			ŀ		
S		Inventories for sale or use					
Assets	8				\dashv		
SS	9	Prepaid expenses and deferred charges					
٩		Investments—U.S. and state government obligations (attach schedule)	2 305 555	2 455 5	2=	0 405 005	
	ь	Investments—corporate stock (attach schedule) See Stmt 4	2,306,889	2,475,8	_	2,475,827	
	C	Investments—corporate bonds (attach schedule) See Stmt 5	87,417	94,1	60	94,160	
	11	Investments—land, buildings, and equipment basis					
		Less accumulated depreciation (attach sch) ▶			ļ	· · ·	
	12	Investments—mortgage loans	721,687				
	13	Investments—other (attach schedule) See Statement 6	662,1	21	662,121		
	14	Land, buildings, and equipment basis				,	
		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ►)					
	16	Total assets (to be completed by all filers—see the		-			
		instructions Also, see page 1, item I)	3,204,635	3,397,4	07	3,397,407	
	17	Accounts payable and accrued expenses				ŀ	
10	18	Grants payable					
<u>ĕ</u>	19	Deferred revenue			\neg		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		. =	ヿ		
ab	21	Mortgages and other notes payable (attach schedule)					
Ξ	22	Other liabilities (describe ►)			ᅥ		
	23	Total liabilities (add lines 17 through 22)	o		굯		
_	- 23	Foundations that follow SFAS 117, check here	-		⊣		
S	ŀ	and complete lines 24 through 26 and lines 30 and 31.					
ces	24		3,204,635	3,397,4	07		
an	24	Unrestricted Tompoporally contracted	3,204,035	3,331,4	"	•	
3al	25	Temporarily restricted	 		\dashv	,	
Net Assets or Fund Balar	26	Permanently restricted				i	
Š		Foundations that do not follow SFAS 117, check here ▶			İ		
ű.		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
įts	28	Paid-in or capital surplus, or land, bldg, and equipment fund	ļ l				
356	29	Retained earnings, accumulated income, endowment, or other funds	ļ				
ĕ	30	Total net assets or fund balances (see page 17 of the					
et		instructions)	3,204,635	3,397,4	07		
Z	31	Total liabilities and net assets/fund balances (see page 17					
_		of the instructions)	3,204,635	3,397,4	07		
_	Part I	Il Analysis of Changes in Net Assets or Fund Balances					
1	I Total	net assets or fund balances at beginning of year-Part II, column (a), line 30 (must	st agree with				
	end-	of-year figure reported on prior year's return)		L_	1	3,204,635	
2	2 Ente	amount from Part I, line 27a			2	-20,333	
3	3 Othe	r increases not included in line 2 (itemize) > See Statement 7			3	213,105	
		ines 1, 2, and 3			4	3,397,407	
		eases not included in line 2 (itemize)			5		
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (I	b), line 30	<u> </u>	6	3,397,407	
_							

Part IV Capital Gains a	ind Losses for Tax on Investme	ent Income			
2-story bnck ware	be the kind(s) of property sold (e g , real estate, ehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day, y	
1a N/A					
b					
С	<u> </u>				
d				·	
е		,			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis spense of sale		h) Gain or (loss) plus (f) minus (g)
a					
b c					
d					
8					
	ng gain in column (h) and owned by the fo	oundation on 12/3	1/69	//\ Cau	- (C-1 (h)
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (i)	col (k), t	ns (Col. (h) gain minus but not less than -0-) or sses (from col. (h))
a		-			
b					
С					
d					
е		<u> </u>			
2 Capital gain net income or (net o	capital loss) If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (lo	ess) as defined in sections 1222(5) and (6	6):			
If gain, also enter in Part I, line 8	3, column (c) (see pages 13 and 17 of the	e instructions).			
If (loss), enter -0- in Part I, line 8				3	
Part V Qualification U	<u>nder Section 4940(e) for Reduc</u>	ced Tax on Ne	et Investment Inco	me	
"Yes," the foundation does not qua 1 Enter the appropriate amount in	ction 4942 tax on the distributable amour alify under section 4940(e). Do not compl each column for each year, see page 18	lete this part.		s X No	
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ns Net val	(c) ue of nonchantable-use ass	ets (co	(d) Distribution ratio of (b) divided by col (c))
2008	140	,950	2,918,9	39	0.04828
2007		,310	2,479,4	129	0.05296
2006		,575	2,122,0		0.05729
2005		,865	2,076,5		0.04905
2004		,110	1,462,0)85 <u> </u>	0.04932
2 Total of line 1, column (d)				2	0.25691
· ·	5-year base period—divide the total on that been in existence if less than 5 years	•	he	3	0.05138
4 Enter the net value of noncharita	able-use assets for 2009 from Part X, line	e 5		4	3,010,08
5 Multiply line 4 by line 3				5	154,66
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	1,01
7 Add lines 5 and 6	,			7	155,68
8 Enter qualifying distributions from	m Part XII, line 4			8	170,30
If line 8 is equal to or greater that	an line 7, check the box in Part VI, line 1b	o, and complete th	at part using a 1% tax ra	-است	2,0,00
Part VI instructions on page 18		 -		· -	Form 990-PF (200

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<u>Pa</u>	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instr	ructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1					
Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b	ļ		1,	017		
here 🕨 🗓 and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
	Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0	
3	Add lines 1 and 2			1,	017	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>			0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1,	017	
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,800					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	1		1,	800	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ļ			<u> 783</u>	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 Refunded ▶ 11				<u> 783</u>	
<u> Pa</u>	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No	
	participate or intervene in any political campaign?		1a		X	
b						
	of the instructions for definition)?	N/A	1b		ļ	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?		1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				1.	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		_ :			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT / D	4a		х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		-	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	
c	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 				ŀ	
			6	x		
7	conflict with the state law remain in the governing instrument?	,	7	X	 	
, 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	•			-	
Va	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) None					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	x		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		- 55		 	
-	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV		9		ж	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				<u> </u>	
	names and addresses		10		x	

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

If "Yes." did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

, 20

If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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X

3b

4a

X No

N/A

, 20

_	n 990-PF (2009) THE MARVIN art VII-B Statements Regar	AND DEE WOODALL ding Activities for Which For		097172	inued)		Pag	је 6
	During the year did the foundation pay		IIII 47 20 Way be K	equired (cont	indea)			
Ju	(1) Carry on propaganda, or otherwise	•	ion 4945(e))?		es 🗓 No	1		
	(2) Influence the outcome of any spec			· ب				
	directly or indirectly, any voter reg		, an an anni, ann	П	′es 🗓 No			
	(3) Provide a grant to an individual for		es?	Н.	es X No			
	(4) Provide a grant to an organization	•						
	_	ection 4940(d)(2)? (see page 22 of the			res 🗓 No			
	(5) Provide for any purpose other than					- 1		
	purposes, or for the prevention of	_	•		res 🗶 No			,
b	If any answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to qualify	under the exceptions de			İ		
	Regulations section 53 4945 or in a cu	urrent notice regarding disaster assista	ance (see page 22 of th	e instructions)?	N/A	5b_		
	Organizations relying on a current not	ice regarding disaster assistance chec	ck here		▶ 🗍			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemptio	on from the tax	•				
	because it maintained expenditure res	ponsibility for the grant?		N/A 🗌	res 🗌 No			
	If "Yes," attach the statement required	by Regulations section 53.4945-5(d)		_	_			,
6a	Did the foundation, during the year, re	ceive any funds, directly or indirectly,	to pay premiums				- 1	
	on a personal benefit contract?				res 🗶 No		- 1	
b	Did the foundation, during the year, pa	ay premiums, directly or indirectly, on a	a personal benefit contr	act?		6b		<u>X</u>
	If "Yes" to 6b, file Form 8870			_	_]		
7a	At any time during the tax year, was the	ne foundation a party to a prohibited ta	x shelter transaction?	\ \	∕es X No			
	If yes, did the foundation receive any		· ·· — · · · · · · · · · · · · · · · ·		N/A	7b		
Pa		Officers, Directors, Trustees,	, Foundation Mana	agers, Highly	Paid Employe	ees,		
	and Contractors							—
1 1	List all officers, directors, trustees, fo	undation managers and their compe	ensation (see page 22	of the instruction				
	(a) Name a	nd address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense acco r allowanc	
M	ARVIN WOODALL	DOYLESTOWN	DIRECTOR					
77	75 PEBBLE HILL ROAD	PA 18901	2.00	0	0			0
DI	EE ANN WOODALL	DOYLESTOWN	DIRECTOR					
77	75 PEBBLE HILL ROAD	PA 18901	2.00	0	0			0
Al	MY CARROLL	DOYLESTOWN	DIRECTOR					
77	75 PEBBLE HILL ROAD	PA 18901	2.00	0	0			0
M	ARK E WOODALL	DOYLESTOWN	DIRECTOR					
77	75 PEBBLE HILL ROAD	PA 18901	2.00	0	·			0
2	Compensation of five highest-paid of the lift none, enter "NONE."	mployees (other than those include	od on line 1—see page	23 of the instruc	tions).	r		
	(a) Name and address of each er	nployee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		oense acc r allowanc	
N	ONE						·	
								—
							·	—
						-		
							1	
Tota	I number of other employees paid over	\$50,000					1	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)		ployees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instru	ections). If none, enter "NON	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
	 	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sui organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ch as the number of	Expenses
1 CONTRIBUTION - \$100,000 PRINCE OF PEACE CHRISTIA	Ŋ	-
SCHOOL, ORGANIZED CHARITY, NO EXPENSES INCURRED		
	·	100,000
2 CONTRIBUTION - DOYLESTOWN PRESBYTERIAN CHURCH \$1	4,200,	
ORGANIZED CHARITY, NO EXPENSES INCURRED		14 004
3 CONTRIBUTION - DOYLESTOWN HISTORICAL SOCIETY \$12	000	14,200
ORGANIZED CHARITY, NO EXPENSES INCURRED	,000,	
		12,000
4 CONTRIBUTION - DOYLESTOWN HOSPITAL \$10,000		
ORGANIZED CHARITY, NO EXPENSES INCURRED		
		10,000
Part IX-B Summary of Program-Related Investments (see page 24 of the in	nstructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A		Amount
I N/A		
•		
2		
	}	
All other program-related investments. See page 24 of the instructions		
CO VOICE PROGRAM-TELEGIEU INVESTIBENTS DEE DAUE 24 DE ME INSTRICTIONS		

•

3

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. F see page 24 of the instructions.)	Foreign fou	ındations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	2,951,275
b	Average of monthly cash balances	1b	104,644
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	3,055,919
θ	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,055,919
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	. 4	45,839
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,010,080
6	Minimum investment return. Enter 5% of line 5	6	150,504
P	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ite operating	
	foundations and certain foreign organizations check here and do not complete this part.)	11	450 504
1	Minimum investment return from Part X, line 6	<u> </u>	150,504
2a	Tax on investment income for 2009 from Part VI, line 5	17	
b	Income tax for 2009 (This does not include the tax from Part VI.)		1 015
С	Add lines 2a and 2b	2c	1,017
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	149,487
4	Recoveries of amounts treated as qualifying distributions	4	140 407
5	Add lines 3 and 4	5	149,487
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		140 407
	line 1	7	149,487
P	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		170 200
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	170,300
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	2-	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	170,300
4 5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	-	1,0,300
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,017
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	169,283
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo		
	- The term of the control of the belong and the term of the following the control of the following t		

<u> Pa</u>	rt XIII Undistributed Income	e (see page 26 of	the instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part	XI,	Corpus	Years prior to 2008	2008	2009
	line 7		····			149,487
2	Undistributed income, if any, as of the ei	nd of 2009 [.]				
а	Enter amount for 2008 only					
b	Total for prior years: 20 , 20	, 20				
3	Excess distributions carryover, if any, to	2009		·		
а	From 2004 .					
b	From 2005					
С	From 2006	16,563				
d	From 2007 .	8,817				
е	From 2008					
f	Total of lines 3a through e		25,380			
4	Qualifying distributions for 2009 from Pa	rt XII,				
	line 4 ▶ \$ 170,300					
а	Applied to 2008, but not more than line 2	2a	-			
b	Applied to undistributed income of prior	years				
	(Election required—see page 26 of the ii	nstructions)				
С	Treated as distributions out of corpus (E	lection				
	required—see page 26 of the instruction	s)				
d	Applied to 2009 distributable amount					149,487
е	Remaining amount distributed out of cor	pus	20,813	· · · - · · · ·		
5	Excess distributions carryover applied to	2009				
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a).)					
6	Enter the net total of each column as					
	indicated below:			 		r
а	Corpus. Add lines 3f, 4c, and 4e Subtra	ct line 5	46,193		,,	
b	Prior years' undistributed income Subtra	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib	outed				
	income for which a notice of deficiency h	nas				
	been issued, or on which the section 494	42(a)				
	tax has been previously assessed		·			
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions	5				
е	Undistributed income for 2008 Subtract	line				
	4a from line 2a Taxable amount—see p	age				
	27 of the instructions			<u>-</u> .		
f	Undistributed income for 2009 Subtract					
	4d and 5 from line 1 This amount must	be				
_	distributed in 2010					0
7	Amounts treated as distributions out of c	· ·				•
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27	of the				
	instructions)	4 •				
8	Excess distributions carryover from 2004					ı
	applied on line 5 or line 7 (see page 27 o	or the				
0	instructions)	,	-			
9	Excess distributions carryover to 2010	<i>y</i> .	AE 102			
10	Subtract lines 7 and 8 from line 6a		46,193			
10	Analysis of line 9	l l				
a	Excess from 2005	16 562				
b	Excess from 2006	16,563 8,817				
c d	Excess from 2007 Excess from 2008	0,017				
e	Excess from 2009	20,813				
<u> </u>	EN0000 HOM 2000				L	

3 Grants and Contributions Paid During the					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution		
a Paid during the year See Statement 8				170,300	
Total		<u> </u>	▶ 3a	170,30	
b Approved for future payment N/A					
Total			▶ 3b	200 DE	

	2009) 1112 122(121 1212 222			50571	 	rage 12
	Analysis of Income-Producing A			1 5	1)	
Enter gross am	ounts unless otherwise indicated	Unrelated (a)	business income	(c)	d by section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program se	ervice revenue:	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
b				1		
				1		
		_				
f		_				
g Fees a	nd contracts from government agencies	-		1		
_	p dues and assessments					
	savings and temporary cash investments			14	30,535	
	and interest from securities			14	71,190	
	ncome or (loss) from real estate					
	nanced property					
	ot-financed property					
	ncome or (loss) from personal property					
7 Other inves						
	ss) from sales of assets other than inventory	· · · · · ·				
	e or (loss) from special events			<u> </u>		
	t or (loss) from sales of inventory					
	nue a					
						
			-			
e		_				
	.dd columns (b), (d), and (e)		(0	101,725	0
	line 12, columns (b), (d), and (e)	<u> </u>			13	101,725
	t in line 13 instructions on page 28 to verify calcul	ations.)				
Part XVI-E			ent of Exempt F	urpose	es	
Line No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt purinstructions.)					
N/A	madaciono /			-		- -
74/22			· · · · · · · · · · · · · · · · · · ·			
						·
	· · · · · · · · · · · · · · · · · · ·				······	
						· ·
						
						
						
						
				-	**************************************	**
				_	·	
						
		 				
				•		

om	<u>n 990-PF (200</u>	09) THE MARV	IN AND	DEE WOODALI	٠	23-3	097172		Pa	ge 13
P	art XVII			ransfers To and Tr	ansaction	s and Relati	onships With N	loncharitable		
		Exempt Organiz						· · · · · · · · · · · · · · · · · · ·		
1				ge in any of the followin	-	•		<u> </u>	Yes	No
			er than secti	ion 501(c)(3) organization	ons) or in sec	ion 527, relating	to political			
	organization								1	
а		om the reporting foun	dation to a n	oncharitable exempt org	ganization of					
	(1) Cash .							1a(1)	Ц	X
	(2) Other a	ssets						1a(2)	<u> </u>	X
b	Other transa							İ		
		f assets to a nonchar						<u>1b(1</u>)		X
	(2) Purchas	ses of assets from a r	noncharitable	exempt organization .		•		1b(2)	<u> </u>	X
		of facilities, equipmen		sets			••	1b(3)	<u>\</u>	X
	(4) Reimbu	rsement arrangemen	ts _.	, .				1b(4)	<u> </u>	X
		or loan guarantees						1b(5)	<u> </u>	X
	(6) Perform	nance of services or m	rembership o	or fundraising solicitation	ns .			1b(6)	Ц	X
			-	other assets, or paid em				1c		X
d	I If the answe	er to any of the above	ıs "Yes," con	nplete the following sch	edule. Colum	n (b) should alw	ays show the fair m	arket		
			_	given by the reporting fo						
		· · · · · · · · · · · · · · · · · · ·	g arrangeme	ent, show in column (d) t	the value of the	e goods, other	assets, or services i	eceived		
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt or	ganization	(d) Description	on of transfers, transac	tions, and sharing arrang	gements	i
1/	<u> </u>		ļ							
			ļ							
										
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				······································	<u>i</u>					
2 a				with, or related to, one			tions		_	1
				than section 501(c)(3))	or in section	527?		∐ Y	es 🔀	No
<u>b</u>		nplete the following s	chedule						_	
		Name of organization		(b) Type of organi	zation	 -	(c) Description o	f relationship		
	N/A			ļ						
_	·			-						
						· · · · · ·				
		 -		<u> </u>						
	Under penaltie belief, it is true	es of perjury, I declare the correct and complete	at I havje examı Deckaratının of	ined this return, including ac preparer (other than taxpay	ccompanying so	hedules and state	ments, and to the best	of my knowledge and		
١		1/1/4: 6	Klins	1000 ·				0 1		
_	<u> </u>		1//000	o succe	1 7/5/3	PIO	posio	emp		
Here	y Signature	e of officer or trustee	/	<i></i>	Date /		Title	Dramarada .da-	harr	
			111	7		Date	Check if	Preparer's ident number (see Si	gnature (
ngiz	- # 구 Pr	reparer's alber		- 197 		05 (0)	self-employed	page 30 of the i	nstruction	s)
رة ا	aid Ogre	7 112002		ePalantino CPA		05/04	1/10	P0022	3070	<u> </u>
j		rm's name (or yours if		antino & Com	pany C	PAS		FILE 22 22	1566	
- 1	- se	elf-employed), address,	7/2 2110	ort Rd				EIN ► 23-234	<u> 200</u>	4

18901

Firm's name (or yours if self-employed), address, and ZIP code

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

THE MARVIN AND DEE WOODALL CHARITABLE FOUNDATION

Employer identification number

23-3097172

Organization type (check one):						
Filers of: Section:						
Form 99	90 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	only a section 501(c)(7),	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
		g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II				
Special	Rules					
	sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and				
	the year, aggregate cor	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during atributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or or the prevention of cruelty to children or animals. Complete Parts I, II, and III				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
990-EZ, 990-EZ,	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 190-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 190-EZ, or on line 2 of its Form 190-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, 190-PF).					

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page 1 of **1** Name of organization Employer identification number THE MARVIN AND DEE WOODALL 23-3097172 Part I Contributors (see instructions) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 PRESCIENT MEDICAL CORPORATION Person 2005 S EASTON ROAD Payroll 50,000 Noncash PA 18901 DOYLESTOWN (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Type of contribution Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash

(Complete Part II if there is a noncash contribution)

23-3097172		Federal S	Federal Statements		
	Form 9	90-PF, Part I, L	Form 990-PF, Part I, Line 6a - Sale of Assets	ets	,
Description		How Received			
Whom Date Sold Acquired	Date Sold	Sale Price	Cost	Expense Depreciation	Net tion Gain / Loss
BANK UT STITUTIO 1	12/14/09 \$	Purchase 97,000 \$:		
					1
	Statement 1	Form 990-PF,	Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees	egal Fees	
Description	·	Total	Net Investment	Adjusted Net	Charitable Purpose
Indirect Legal Fees Total	w w	788	w w	w w	0 w w
	Statement 2 - Form	າ 990-PF,	Part I, Line 16b - Accounting Fees	unting Fees	
Description	.	Total	Net Investment	Adjusted Net	Charitable Purpose
Indirect Accounting Fees Total	\$ \$	820	w w	\$ \$	0
	Statement 3 - F	orm 990-PF, Pa	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Expenses	
Description		Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses RANK PFFS	₩	በ.ተ.	₩	v	v
Total	ţ,	150	\$	0 **	0 \$
					1-3

Total

Federal Statements

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
15,000 SHS JOHNSON AND JOHNSON	007 450 6	066 150		0.66.150
\$ 8,000 SHS JOHNSON AND JOHNSON	897,450 \$	966,150	Market	\$ 966,150
	478,640	515,280	Market	515,280
2,446 SHS JOHNSON AND JOHNSON	146,344	157,547	Market	157,547
1,250,000 SHS ICON MEDICAL CORP			11017100	23.,02.
	100,000	100,000	Market	100,000
5,440 SHS JOHNSON AND JOHNSON	325,475	350,390	Market	350,390
5,560 SHS JOHNSON AND JOHNSON	332,655	358,120	Market	358,120
440 SHS JOHNSON AND JOHNSON	26,325	28,340	Market	28,340

Statement 5 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

\$ 2,306,889 \$ 2,475,827

Description						
		ginning f Year	 End of Year	Basis of Valuation		Fair Market Value
100M GENERAL ELEC CAP CP	5% 2/15/20					
	\$	87,417	\$ 94,160	Market	\$_	94,160
Total	\$	87,417	\$ 94,160		\$_	94,160

\$ 2,475,827

23-3097,172

Federal Statements

Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments

Description

	Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
5,000 UNITS ML&CO PNS NOTES				_	
\$	42,700 \$	48,850	Market	\$	48,850
12,200 SHS ML&CO CAPPED LIRN	94,184	117,864	Market		117,864
97M SHS CD GMAC BANK (UTAH) 4.35%	•				11.,001
Old Circ of Dango for Burden Brook	96,466		Market		
97M SHS CD BANCO POP PUERTO RICO 4	97,109	99.392	Market		99,392
97M CD GE CAPITAL FINANCIAL INC 4.	3%	·			·
98M CD LEHMAN BROS COMM BANK 4.1%	97,468	99,732	Market		99,732
96M CD LEHMAN BROS COMM BANK 4.16	97,304	97,721	Market		97,721
98M CD PROVIDENT BK MD 4.1%	·				·
97M CD GE MONEY BANK 4.35%	98,851	99,409	Market		99,409
JIM CD GE MONEI BANK 4.336	97,605	99,153	Market		99,153
Total \$	721,687 \$	662,121		\$	662,121

Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

Description	_	Amount
UNREALIZED GAINS ON MARKETABLE SECURITIES	\$	213,105
Total	\$	213,105

Form 000 DE Don't VV. Line 4b. Manager Why Over 400/ or Manager
Form 000 DF Bort VV Line 4b Manager Mile Over 400/ and Manager
Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stoc
Name of Manager Amount
NE \$\$ Total \$
Form 990-PF, Part XV, Line 2b - Application Format and Required Conte
Description
TTER
Form 990-PF, Part XV, Line 2c - Submission Deadlines
Description
ONE CONTRACTOR OF THE CONTRACT
Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
Description
NE

23-3097172	Feo	Federal State	Statements	
Statemen	Statement 8 - Form 990-PF, Part XV	/, Line 3a - Gra Year	Part XV, Line 3a - Grants and Contributions Paid During the Year	,
Name	Address			
Address	Relationship	Status	Purpose	Amount
1 ()	NONE		CHARITABLE CONTRIBUTION	1,000
FRIENDS OF THE HEART CENT	NONE		CHARITABLE CONTRIBUTION	0
DOYLESTOWN HOSPITAL	NONE		CHARITABLE CONTRIBUTION	10,000
DOYLESTOWN PRESBYTERIAN C	NONE		CHARITABLE CONTRIBUTION	14,200
OKLAHOMA UNIVERSITY FUN	NONE		CHARITABLE CONTRIBUTION	7,000
FRINCE OF PEACE CHRISTIAN	NONE		CHARITABLE CONTRIBUTION	100,000
TEMPLE PUBLIC RADIO	NONE		CHARITABLE CONTRIBUTION	150
THE BUCKS COUNTY SYMPHONY	NONE		CHARITABLE CONTRIBUTION	1,250
ANN SILVERMAN COMM HEALTH	NONE		CHARITABLE CONTRIBUTION	5,500
JAMES J MICHNER ART MUSEU	NONE		CHARITABLE CONTRIBUTION	1,000
ALPHA GAMMA DELTA	NONE		CHARIBABLE CONTRIBUTION	5,000
	NONE		CHARITABLE CONTRIBUTION	2,600
DOYLESTOWN HISTORICAL SOC	NONE		CHARITABLE CONTRIBUTION	12,000
	NONE		CHARITABLE CONTRIBUTION	1,000
CARDIOVASCULAR RESEARCH F	NONE		CHARITABLE CONTRIBUTION	0
DOCTORS WITHOUT BORDERS	NONE		CHARITABLE CONTRIBUTION	100
NATIONAL AUDUBON SOCIETY	NONE		CHARIBABLE CONTRIBUTION	0
AMERICAN CANCER SOCIETY	NONE		CHARITABLE CONTRIBUTION	0
SUSAN G KOMEN FOR THE CUK	NONE		CHARITABLE CONTRIBUTION	100

ω

			Amount	2,000	100	0	100	1,000	1,000	0	1,300	200		170,300
ements	Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	
Federal Statements	(V, Line 3a - Gr. Year (continu		Status											
Fe	Statement 8 - Form 990-PF, Part X	Address	Relationship	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
23-3097172	Statement	Name	Address	AUBURN UNIVERSITY FDN	MARINE TOYS FOR TOTS	CENTRAL BUCKS AMBULANCE	BUCKS COUNTY SPCA	_	BUCKS COUNTY HISTORICAL S	ONIVERSITY OF ORLAHOMA	COMMONIII CONSERVATORI OF	BUCKS COUNTY DESIGNER HSE	GILDAS CLUB DE VALLEY	Total

•

•

3-3097172	Federal Stateme	nts							
•	Taxable Interest on Invest	tments							
Description	\$ 30,535 \$ 30,535	Unrelated Business Code	Exclusion Code 14	Posta Code					
. Taxable Interest on Investments Description Amount Business Code Code \$ 30,535									
	\$ 71,190	Unrelated Business Code	_Code	Posta Code					
									