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DLN: 93493198005257

Department of the Treasury Internal Revenue Servic

Return of Organization Exempt From Income Tax

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
 ▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

OMB No 1545-0047

Open to Public Inspection

ч г	ui the	e 2015 ca	lendar year, or tax year beginr		.6					
		applicable	C Name of organization WOODLAWN FOUNDATION INC	, <u>.</u>	-	D Emplo	yer ic	lentification number		
_ A	ddress	change	WOODLAWN FOUNDATION INC			13-30	0557	29		
_	ame ch	-	Doing business as			_				
Ir Fi	ntial ret inal	eturn				F Telenh	one ni	ımher		
eturn	/termın	nated d return	Number and street (or P O box If 56 Harrison Street - Suite 401	f mail is not delivered to street address) Room/su	ite	E Telephone number (914) 632-3778				
ГАр	plicatio	on pending	City or town, state or province, co New Rochelle, NY 108016560	ountry, and ZIP or foreign postal code		G Gross	G Gross receipts \$ 28,593,525			
			F Name and address of princ	cipal officer	H(a) Is	this a group	retu	rn for		
			Anthony M McCarthy 56 Harrison Street			ibordinates?		☐ Yes 🗸		
			Suite 401			lo re all subord	ınatoı	r		
			New Rochelle, NY 1080165	60		cluded?	illate:	Yes No		
[⊤a	x-exen	mpt status	✓ 501(c)(3)	◀ (insert no) 4947(a)(1) or 527		•		t (see instructions)		
ı w	ebsite	: e: ▶ woo	odlawnfoundation org		H(c) _G	roup exempt	tion n	umber ▶		
K For	m of or	rganization	✓ Corporation Trust Asso	ociation Other ►	L Year o	f formation 19	979	M State of legal domicile NY		
Pa	rt I	Sum	mary				•			
Governance	W	Voodlawn	_	on or most significant activities butions and provides grants to nonprofit	organizatio	ons that rece	eive p	astoral care from the		
Š O	2 (Check th	is box ▶ ☐ if the organization	discontinued its operations or disposed	of more tha	an 25% of its	s net	assets		
	3 1	Number	of voting members of the gover	rning body (Part VI, line 1a)			3	14		
٠ <u>٩</u>				s of the governing body (Part VI, line 1b)			4	11		
Activities &	5	Total nur	mber of individuals employed in		5	7				
AC	6	Total nur	mber of volunteers (estimate if	necessary)			6	0		
	7a -	Total unr	related business revenue from	Part VIII, column (C), line 12			7a	0		
	b N	Net unrela	ated business taxable income f	from Form 990-T, line 34			7b	0		
					F	Prior Year		Current Year		
	8	Contri	butions and grants (Part VIII,	29,552,	151	18,298,094				
ĝ.	9	D	/	0.0	2621	186,227				
3	9	-	,	, line 2g)		82,				
an na vef	10	Inves	tment income (Part VIII, colur	mn (A), lines 3, 4, and 7d)		1,858,	257	1,045,859		
Ravenue	10 11	Inves Other	tment income (Part VIII, colur revenue (Part VIII, column (A	mn (A), lines 3, 4, and 7d)		1,858, 2,	.257			
Ravenue	10 11 12	Inves Other Total 12)	tment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1	mn (A), lines 3, 4, and 7d)	e	1,858, 2, 31,495,	.257 .542 .312	1,045,859 440 19,530,620		
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<u>«</u>	10 11 12 13 14 15	Inves Other Total 12) Grants Benefi Salari 5-10	tment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1 s and similar amounts paid (Pa its paid to or for members (Par es, other compensation, emplo	mn (A), lines 3, 4, and 7d)		1,858, 2, 31,495, 13,336,	257 542 312 112 0	1,045,859 440 19,530,620 16,995,292 0 336,107		
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May the IRS discuss this return with the preparer shown above? (see instructions)

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

	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Paits I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28 a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V		 T	
1a	a Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	1	Yes	No
	b Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and r	enortable		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Tax Statements, filed for the calendar year ending with or within the year covered by this return	7		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax re Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction).		Yes	
3a	a Did the organization have unrelated business gross income of $$1,000$ or more during the year? .	За		No
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule C</i>) 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other over, a financial account in a foreign country (such as a bank account, securities account, or other account)?	,		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial (FBAR)	Accounts		
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, . 5a		No
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction? 5b		No
c	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6 a	ia Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions?			No
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?			No
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it to file Form 8282?	was required to 7c		No
đ	d If "Yes," indicate the number of Forms 8282 filed during the year			
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?		No
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			Νo
_	g If the organization received a contribution of qualified intellectual property, did the organization file required?	79		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings during the year?	s at any time		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	f b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		
0	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1				
а	a Gross income from members or shareholders			
b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12 a	1	
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the inadditional information the organization must report on Schedule O	structions for		
b	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	c Enter the amount of reserves on hand			
4a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	No
b	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i>	e O 14 b	, [

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.

Se	ction 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 14			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		No
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			
а	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
Se	eveni	ie Cod	e.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		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?	16 b		
	List the Characteristic which a convertible Form 000 as a remark to be filed.			
	List the States with which a copy of this Form 990 is required to be filed NY			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	▼ Own website Another's website Upon request Other (explain in Schedule O) 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			
	State the name, address, and telephone number of the person who possesses the organization's books and record			

►Arthur Kim C Rivera 56 Harrison Street Suite 401 New Rochelle, NY 108016560 (914) 632-3778

Part VII

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

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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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	more pers	than on is	one bot rect	not bo: h a:	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Anthony M McCarthy President	10	х		х				0	0	0
(2) Michael A Coan Executive Director and Vice President	20	×		х				16,920	0	13,500
(3) Charles Cushnie Vice President	10	×		x				0	0	0
(4) Timothy C Hogan Vice President	10	×		x				0	0	0
(5) Edwin S Tecarro Vice President	10	×		x				0	0	0
(6) John M Wildes Vice President	10	×		х				0	0	0
(7) Gregory A Byrnes Secretary	20	×		x				65,000	0	0
(8) Arthur Kım C Rıvera Treasurer	30	×		x				16,920	0	13,500
(9) George Sim Johnston III Board Member	2 1	x						0	0	0
(10) Patricia Keefe Board Member	1 0	x						0	0	0
(11) Mary Ellen Kranzlın Board Member	1 0	x						0	0	0
(12) Edythe F Merritt Board Member	0	x						0	0	0
(13) James M O'Kane Board Member	1 0	х						0	0	0
(14) Jacqueline Y Taylor Board Member	1 0	×						0	0	0
										Form 990 (2015)

\$100,000 of compensation from the organization \triangleright 1

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

	(A)	(B)			(C)				(1))	(E)	\top	(F)		
	Name and Title	Average hours per week (list any hours	more t	han o n is	one I both	oox, an c	heck unless officer stee)	;	Repor comper from organiza	nsation the tion (W-	Reportable compensation from related organizations (\	w-	Estima amount o compens from	ated f other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) o	organization ai related organizations		
												+			
												\pm			
												+			
												\perp			
												+			
												\pm			
										1		工			
1b c d	Sub-Total		ection A	٠.		· ·			9	8,840	0	+		27,000	
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more tl	nan				
												_	Yes	No	
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>								or highes .	t comper	sated employee	3		No	
4	For any individual listed on lini organization and related organ individual														
5	Did any person listed on line 1 services rendered to the organ							•	_	anızatıor	or individual for	5		No No	
Se	ection B. Independent Co	ntractors													
1	Complete this table for your five compensation from the organization												tax year		
	N	(A) lame and business	address							De:	(B) scription of services		(C Compe		
200 F 54th	of New York Mellon Park Avenue Floor York, NY 10166									Investmer	t advisor			140,83	
												=			
~	Total number of independent co	ntractors (unclu	dina but	not	limit	ad to	thoc.	alict	ad above)	who rock	aved more than	1			

Part V	/##1	Statement of Revenue								
		Check If Sched	ule O contains a respon	ise or note to any lin	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from		
						function revenue	revenue	tax under sections 512-514		
~ ×	1a	Federated cam	paigns 1a	0						
ant	b	Membership du	es 1b	0						
Gr.	С	Fundraising eve	ents 1c	0						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	zations 1d	214,343						
m.i.	e	Government grant	s (contributions) 1e	0						
io I Si	f	All other contribution	ons, gifts, grants, and 1f	18,083,751						
but		similar amounts no	ot included above ons included in lines							
n tri	g	1a-1f \$	ons included in lines	3,857,679						
Co	h	Total. Add lines	s 1a-1f	· · · · •	18,298,094					
- je				Business Code						
Program Service Revenue	2a	Health insurance re		524292	61,044	61,044	0	0		
å <u>₹</u>	b	Interest on program	m related loans	900004	125,183	125,183	0	0		
<u>3</u>	c d									
¥	e									
jran.	f	All other progra	am service revenue		0	0	0	0		
P oc	_	Total Add lines	s 2a-2f		186,227					
	3		ome (including dividend		186,227					
		and other simil	aramounts)		497,897	0	0	497,897		
	5		stment of tax-exempt bond p	proceeds >	0	0	0	0		
	•	Royalties	(ı) Real	(II) Personal	_					
	6a	Gross rents	()	(1)						
	ь	Less rental								
	,	expenses Rental income	0	0						
	`	or (loss) Net rental inco	me or (loss)							
	_ ~	Net rental med	(i) Securities	(II) O ther						
	7a	Gross amount from sales of assets other than inventory	9,610,867	0						
	ь	Less cost or other basis and sales expenses	9,062,905	0						
	С	Gain or (loss)	547,962	0						
	d		ss)	· · · · >	547,962	0	0	547,962		
Other Revenue		Gross income f events (not inc \$ of contributions See Part IV, lir	luding 0 s reported on line 1c)							
ē		•	a							
O E	1		penses b							
	9a	Gross income f	(loss) from fundraising e from gaming activities ne 19	events ▶						
	1		a penses b (loss) from gaming activ	vities						
	10a	Gross sales of returns and allo		•						
	b	_	a cods sold b (loss) from sales of inve	entory						
		Miscellaneous		Business Code						
	11a									
	b									
	С									
	d		ue		440	0	0	440		
	e	Total. Add lines		•	440					
	12	Total revenue.	See Instructions	· · · •	19,530,620	186,227	0	1,046,299		

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other org
--

	ot include amounts reported on lines 6b, o, 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	15,722,011	15,722,011		
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,625	10,625		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,262,656	1,262,656		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	98,840	2,966	84,615	11,259
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	171,044	5,133	146,426	19,485
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,576	1,368	39,016	5,192
10	Payroll taxes	20.547	500	47.675	0.050
	Fore for corrupts (non-employees)	20,647	620	17,675	2,352
11	Fees for services (non-employees) Management	350.040	0	350 300	1.552
a L		259,940	0	258,388	1,552
b	Legal	19,240 96,500	0	19,240 96,500	0
c d	Accounting	96,500	U	96,300	
e e	Lobbying	13,665			13,665
f	Investment management fees	145,910	0	145,910	13,663
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	143,910	U	143,310	
12	Advertising and promotion				
13	Office expenses	51,465	20,586	22,952	7,927
14	Information technology	22,171	665	18,980	2,526
15	Royalties				
16	Occupancy	77,326	2,321	66,197	8,808
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,354	8	231	4,115
20	Interest	51,850	1,556	44,388	5,906
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,960	12,468	6,612	880
23	Insurance	227	7	194	26
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)				
а	Health insurance benefits	982,429	982,429	0	0
b	Allowance for uncollectible pledges and loans	379,026	0	379,026	0
c	Charitable gift annuity expense	24,098	24,098	0	0
d	Lawsuit settlement	13,968	0	0	13,968
е	All other expenses	2,049	61	1,755	233
25	Total functional expenses. Add lines 1 through 24e	19,495,577	18,049,578	1,348,105	97,894
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	2,356,327	1	1,924,906
	2	Savings and temporary cash investments	4,328,503	2	6,562,554
	3	Pledges and grants receivable, net	1,724,021	3	1,733,939
	4	Accounts receivable, net	0	4	34,801
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
				5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
As	7	Notes and loans receivable, net	358,546	7	341,169
•	8	Inventories for sale or use	000,010	8	011,100
	9	Prepaid expenses and deferred charges	10,175	9	13,178
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 99,802	10,110	9	10,110
	ь	Less accumulated depreciation 10b 50,537	69,225	10 c	49,265
	11	Investments—publicly traded securities	24,752,965	11	21,945,583
	12	Investments—other securities See Part IV, line 11	5,153,646	12	4,964,518
	13	Investments—program-related See Part IV, line 11	2,423,473	13	2,299,840
	14	Intangible assets		14	_,,_
	15	Other assets See Part IV, line 11	2,273,151	15	975,291
	16	Total assets.Add lines 1 through 15 (must equal line 34)	43,450,032	16	40,845,044
	17	Accounts payable and accrued expenses	10,100,002	17	,,
	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	
Sè	22	Loans and other payables to current and former officers, directors, trustees,			
abilities		key employees, highest compensated employees, and disqualified		22	
<u> </u>		persons Complete Part II of Schedule L	2.550.000	22	2 550 000
	23	Secured mortgages and notes payable to unrelated third parties	2,550,000	23	2,550,000
	24	Unsecured notes and loans payable to unrelated third parties	697,346	24	721,846
	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			
			1,076,518	25	715,097
	26	Total liabilities. Add lines 17 through 25	4,323,864	26	3,986,943
seo		Organizations that follow SFAS 117 (ASC 958), check here ▶			
lan	27	Unrestricted net assets	24,676,557	27	27,111,710
æ	28	Temporarily restricted net assets	14,449,611	28	9,746,391
E E	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
(S (30	Capital stock or trust principal, or current funds		30	
sei	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	39,126,168	33	36,858,101
~	34	Total liabilities and net assets/fund balances	43,450,032	34	40,845,044
	1 - 1	. J. L	1 70,700,002	J-T	70,070,074

Form	990 (2015)			F	Page 12
Par	t XI Reconcilliation 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		19.5	530,620
2	Total expenses (must equal Part IX, column (A), line 25)	2			195,577
3	Revenue less expenses Subtract line 2 from line 1			19,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			35,043
_		4		39,1	26,168
5	Net unrealized gains (losses) on investments	5		-4,2	272,145
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1 0	969,035
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			358,101
Par	t XII Financial Statements and Reporting			30,0	30,101
I G I	Check if Schedule O contains a response or note to any line in this Part XII				
	once in boneauto o contains a response of note to any mic memor are viz.			Yes	No
1	Accounting method used to prepare the Form 990	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule 0	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

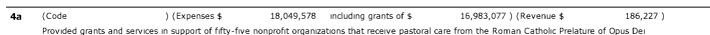
Software ID: 15000352

EIN: 13-3055729

Software Version: v1.00

Name: WOODLAWN FOUNDATION INC

Form 990, Part III, Line 4a



Name: WOODLAWN FOUNDATION INC.

EIN: 13-3055729

Software Version: v1.00

Explanation: We regret not filing Form 990 on May 15, 2017 due to an

unavoidable delay in acquiring the auditors final adjusting journal

DLN: 93493198005257

intend to avoid delays caused by auditing.

entries. Nevertheless, this regrettable delay has allowed us to file

without resorting to an amended return. In the future, we fully

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Software ID: 15000352

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493198005257

SCHEDULE A (Form 990 or 990EZ)

Department of the

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

2015
Open to Public

Inspection

Treasu		nue Service	<u>www.irs.gov/torm990</u> .	
Name	of th	e organizat OUNDATION I		Employer identification number 13-3055729
Par	tΙ	Reason	for Public Charity Status (All organizations must complete this p	art.) See instructions.
The o	rganı	zation is not	t a private foundation because it is (For lines 1 through 11, check only one bo	ox)
1	\Box	A church,	convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2		A school d	lescribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E	Z))
3	i	A hospital	or a cooperative hospital service organization described in section 170(b)(1)	(A)(iii).
4	Ė		research organization operated in conjunction with a hospital described in sec name, city, and state	tion 170(b)(1)(A)(iii). Enter the
5	Γ	170(b)(1)	zation operated for the benefit of a college or university owned or operated by ((A)(iv). (Complete Part II)	
6			state, or local government or governmental unit described in section 170(b)(1	
7	▽	described	ration that normally receives a substantial part of its support from a governme in section 170(b)(1)(A)(vi). (Complete Part II)	ntal unit or from the general public
8 9 10		An organiz receipts fr from gross organizati	nty trust described in section 170(b)(1)(A)(vi) (Complete Part II) zation that normally receives (1) more than 331/3% of its support from contribrom activities related to its exempt functions—subject to certain exceptions, as investment income and unrelated business taxable income (less section 51 on after June 30, 1975 See section 509(a)(2). (Complete Part III) attornormalized and operated exclusively to test for public safety.	and (2) no more than 331/3% of its support 1 tax) from businesses acquired by the
11 a	<u></u>	one or mor the box in Type I. A s supported	ration organized and operated exclusively for the benefit of, to perform the functive publicly supported organizations described in section 509(a)(1) or section follows: Innes 11a through 11d that describes the type of supporting organization and supporting organization operated, supervised, or controlled by its supported or organization(s) the power to regularly appoint or elect a majority of the direction You must complete Part IV, Sections A and B.	509(a)(2) See section 509(a)(3). Check complete lines 11e, 11f, and 11g ganization(s), typically by giving the
b		manageme	supporting organization supervised or controlled in connection with its supporent of the supporting organization vested in the same persons that control or notete Part IV, Sections A and C.	
c	Γ	Type III fu	unctionally integrated. A supporting organization operated in connection with, organization(s) (see instructions) You must complete Part IV, Sections A, D,	
d		not functio	on-functionally integrated. A supporting organization operated in connection or onally integrated. The organization generally must satisfy a distribution required actions.) You must complete Part IV, Sections A and D, and Part V.	11 2 17
e		ıntegrated,	s box if the organization received a written determination from the IRS that it is , or Type III non-functionally integrated supporting organization	s a Type I, Type II, Type III functionally
f g	Ente		er of supported organizations	

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization Iisted in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see Instructions)
			Yes	No		
Total						

instructions

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 9,800,108 12,148,627 10,387,676 17,183,210 79,071,772 29,552,151 membership fees received (Do not include any unusual grants) 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 Total. Add lines 1 through 3 9.800.108 12,148,627 10,387,676 29,552,151 17,183,210 79,071,772 The portion of total contributions by each person (other than a governmental unit or publicly 1.809.436 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 77,262,336 from line 4 Section B. Total Support Calendar year (c)2013 (d)2014 (a)2011 **(b)**2012 (e)2015 (f)Total (or fiscal year beginning in) 9,800,108 12,148,627 10,387,676 29,552,151 17,183,210 79,071,772 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 187,887 141,283 203,226 425,604 605,548 1,563,548 royalties and income from similar sources 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 102 715 0 2.542 440 3.799 capital assets (Explain in Part VI) 11 Total support. Add lines 7 80,639,119 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 560.763 First five 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 95 812 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 94 010 % 16a 33 1/3% support test - 2015. 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 ▶▽ b 33 1/3% support test-2014. 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 ▶□ 17a 10%-facts-and-circumstances test - 2015. 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 ▶□ b 10%-facts-and-circumstances test - 2014. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	.1.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	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							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 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)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	line 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V)			
56	ection A. All Supporting Organizations	1	Voc	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	1	Yes	No
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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1	ı	
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	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	4b		
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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in Part VI how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in Part VI how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year? 5," describe in Part VI the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test-Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? 5," then in Part VI identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how the organization was responsive to those supported organizations, and how the zation determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? 5," explain in Part VI the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

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

. С	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete :	Sections	A through E	Г
				(B) C
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Coultry C. Dist III, table Annual	T		
	Section C - Distributable Amount			Current Year
	A djusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- structions)	ıntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
·	30013		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			

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

Part II, Line

Part II, Line

10

Other income reported on Part II, Section B, Line 10 consist of the following For 2011--u
nexpected, unidentified receipt of \$102, for 2012--write-off of un-cashed checks drawn pri
or to 6-30-2011 totaling \$515, and a bank promotional credit of \$200, for 2014--unexpected
, unidentified receipt of \$2,542 from the United States Treasury, and for 2015--forgivenes
s of accounts payable totaling \$440

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493198005257

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	me of the organization ODLAWN FOUNDATION INC		Employer id	dentification number
			13-30557	
Pa		Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds or Ac	counts.
	Tabel assessed of some	(a) Donor advised funds	(b) Funds	and other accounts
-	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to		nor advised	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			se Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	on Form 990	, Part IV, line 7.
_	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e.g., recreducation)		n historically	ımportant land area
	Protection of natural habitat	Preservation of a	•	·
	Preservation of open space	The servation of a	ceremed mace	The Stractare
<u> </u>	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in t	the form of a c	onservation
	easement on the last day of the tax year			
				ld at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme Number of conservation easements on a certified		2b	
c d	Number of conservation easements included in (` '	2c	
u	historic structure listed in the National Register	and the of the of the of the of the officers o	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminate	ed by the orga	nızatıon durıng the
	tax year >			
Ļ	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy regar violations, and enforcement of the conservation ϵ		dling of	┌ Yes
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ıng conservatı	on easements during the
	A mount of expenses incurred in monitoring lines	acting bandling of walations, and onforcing o	onsorvation o	acomonto durina the year
,	A mount of expenses incurred in monitoring, inspense \$	ecting, handing of violations, and emorcing c	onservation e	asements during the year
3	Does each conservation easement reported on li (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 170(h)(4	·
)	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text		•	tement, and
	the organization's accounting for conservation ea			
ar		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Si	imilar Assets.
La	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its reven assets held for public exhibition, education,	or research in	
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
((i) Revenue included on Form 990, Part VIII, line	L	▶ \$	0
	i) Assets included in Form 990, Part X			107,503
2	If the organization received or held works of art, I following amounts required to be reported under S	nistorical treasures, or other similar assets fo	or financial ga	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		6,000
b	Assets included in Form 990, Part X		▶ \$_	7,950

Part	3 1 1 1	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al Trea	sures,	or O	ther Simila	r Ass	ets	
3		the organization's acquisition, accection items (check all that apply)	ession, and other reco	ords, ch	eck a	ny of the	following	that a	re a sıgnıfıcan	it use o	fits	
а		Public exhibition		d		Loan or	exchange	progi	ams			
b	Γ	Scholarly research		е	✓	Other []]	nstallatio	n in fu	iture chapels			
c		Preservation for future generations										
4	Provi Part :	de a description of the organization's KIII	collections and expl	laın hov	v they	further t	ne organiz	ation'	s exempt purp	ose in		
5		g the year, did the organization solic is to be sold to raise funds rather tha								Yes	No)
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, 1	Part IV,	line 9, o	r rep	orted an am	ount o	on Forr	n 990,
1 a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	nediary	for co	ntributio	ns or othe	erasse		Yes	∏ No	•
b	If'	'Yes," explain the arrangement in Pa	rt XIII and complete	the fol	lowing	table				A mou	nt	
c		ginning balance	,		_			1c				
d	A d	ditions during the year						1d				
е		tributions during the year						1e				
f		ding balance						1f				
2 a		ne organization include an amount or	n Form 990. Part X. lı	ne 21.	for es	crow or c	ustodial a	ccour	ıt lıabılıtv? 🗆	· Vac		
	D . G	o organization morado an ambant or		,					1	res	NO	•
b	If "Ye	es," explain the arrangement in Part	XIII Check here if th	ne expla	anatio	n has bee	n provide	d in P	art XIII			
Pai	rt V	Endowment Funds. Complete										
		·	(a)Current year		or year		Two years		(d)Three years b		e) Four ye	ars back
1 a	Begii	nning of year balance										
b	C ont	ributions										
c	Net i	nvestment earnings, gains, and es										
d	Gran	ts or scholarships										
e		r expenditures for facilities programs										
f	A dm	nistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the o	current year end balar	nce (lın	e 1a,	column (;	a)) held as	L 5		<u> </u>		
а		I designated or quasi-endowment >	,	`	٥,	`	,,					
b		anent endowment >										
С		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c s	should equal 100%									
3а		nere endowment funds not in the pos lization by	session of the organi	zation	that a	e held ar	nd adminis	stered	for the		Yes	No
	_	related organizations								3a(i)	_	
	(ii) re	lated organizations								3a(ii))	
b	If"Y€	es" on 3a(II), are the related organiza	ations listed as requir	ed on S	Schedi	ule R? .				3b		
4	Desc	ribe in Part XIII the intended uses o	f the organization's e	ndowm	ent fui	nds						
Par	t VI	Land, Buildings, and Equip		0.					000 5		4.0	
		Complete if the organization a Description of property	nswered 'Yes' to F	orm 9' (a)	Cost o	art IV, II r other bas restment))	Accumu	lated		ok value
					,,		(oth		1			
1a	Land			· _			D		0			0
		gs		-			0		0	0		0
		nold improvements		. ⊢			0	38,62		32,183		6,439
		nent		. -			0	61,18	0	18,354		42,826
e	Other			. 1			DI.		UI	()	i	0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

See Form 990, Part X, line 12. (a) Description of security or categor	Ту	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives		0	Cost or end-of-year market value C
(2)Closely-held equity interests		2,630,664	F
(3)O ther (A) Abdiel Qualified Offshore Partners Ltd		819,619	F
(B) Linx Partners limited partnerships		1,514,235	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	4,964,518	
Complete if the organization answere	ed 'Yes' on Form 99		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)O perating loan to a 501(c)(3) organization (2)Construction loan to two 501(c)(3) organizations		1,911,000	C
(L) construction four to two sort(c)(s) organizations		300,010	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	2,299,840	
Part IX Other Assets. Complete if the organizat (a) Des		Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or			▶ art IV line 11e or 11f
See Form 990, Part X, line 25.			are reprinted the or thin
1. (a) Description of liability	(b) Book value	*	
Federal income taxes		0	
Liability under trust agreements	380,	296	
Liability on charitable gift annuities	334,8	301	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 715,0	097	

Part	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		
Part :			r Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	· · · •	+
∠ a	Donated services and use of facilities		
a b	Prior year adjustments		
C			
d	Other losses		
e e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 2e	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	Total expenses Aud lines 3 and 40. (This must equal Form 550, Fait 1, line 10)	5	1
Part	XIII Supplemental Information		
Part V	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complet mation		ide any additional
	Return Reference Explanation		
See Ad	dditional Data Table		
		-	

Page 5		chedule D (Form 990) 2015					
	ormation <i>(continued)</i>	t XIII Supplemental Info	Part XIII				
	Explanation	Return Reference					

Additional Data

Software ID: 15000352
Software Version: v1.00

EIN: 13-3055729

Name: WOODLAWN FOUNDATION INC

Supplemental Information

Return Reference	Explanation
dule D, III, Line 4	Paintings, sculptures, stained glass windows, and architectural details of a religious, de vout motif. The Woodlawn Foundation purchased these artifacts from church buildings that were closed and were being demolished. These acquisitions directly further our exempt purpose function by making works of religious art available for installation in future chapels of centers of the Opus Dei Prelature. Jewelry. The Woodlawn Foundation acquired personal jewelry by donation from private individuals who support our exempt purpose functions. The Foundation intends to dispose these items for cash at a convenient, future date.

efil	e GRAPHIC print - DO	NOT PROCESS	As Filed Data	DLN: 9	N: 93493198005257		
	EDULE F m 990)	Statement of	Activities O	utside the Unit	ed Sta	ates	OMB No 1545-0047
Depart	ment of the Treasury	·	Part IV, line 14 ▶ Attach to			ov/form990.	2015 Open to Public
Name	al Revenue Service	NC				Employer ident	Inspection ification number
Pai		mation on Activiti organization answe		e United States. m 990, Part IV, line	 14b.	13-3055729	
1	For grantmakers. Does and other assistance, t used to award the gran	s the organization m the grantees' eligibil	naıntaın records	to substantiate the a	amount	-	┌ Yes ┌ No
2	For grantmakers. Desc assistance outside the		rganızatıon's pro	cedures for monitori	ng the ເ	use of its grant	ts and other
3	Activites per Region (The	e following Part I, line	3 table can be dup	olicated if additional spa	ace is ne	eded)	
	(a) Region	(b) Number of offices in the region	employees, agents, and independent s	(d) Activities conducted in region (by type) (e g , fundraising, program ervices, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of ice(s) in region	(f) Total expenditures for and investments in region
	Sub-total Total from continuation sh to Part I	heets					
	Totals (add lines 3a and 3 aperwork Reduction Act Noti		for Form 990.	Cat	No 500	82W Schedi	ule F (Form 990) 2015

art II Grants and Other Assistance to Organizations or Entities Outside the United States.
--

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if

additional space is needed.

•	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		аррисавку	Europe (including Iceland and Greenland)	O peration of four nonprofit organizations in Italy who have missions similar to that of Woodlawn Foundation, and building construction of a nonprofit organization in Spain	1,062,464	wire transfer	0		appruisar, ceres,
				O peration and expansion project of two nonprofit organizations in Lithuania who have missions similar to that of Woodlawn Foundation	117,000	wire transfer	0		
			South America	Construction of a conference center in Peru to house spiritual retreats and similar formational activities	49,825	wire transfer	0		
			South America	Scholarship for students attending a rural farm school in Colombia	29,250	wire transfer	0		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

a) Type of grant or	duplicated if addit (b) Region	(c) Number of	(d) A mount of	(e) Manner of cash	(f) A mount of	(g) Description	(h) Method of
assistance	(b) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other

Additional Data

Software ID: 15000352

Software Version: v1.00

EIN: 13-3055729

Name: WOODLAWN FOUNDATION INC

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule I
(Form 990)

Grants and Governments
Complete if the organiz

Department of the
Treasury
Internal Revenue Service

Name of the organization

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

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

2015

DLN: 93493198005257

Open to Public

Schedule I (Form 990) 2015

Inspection
Employer identification number

OODLAWN FOUNDATION INC						13-3055729	
Part I General Information	n on Grants and	d Assistance					
Does the organization maintain in the selection criteria used to aw Describe in Part IV the organiza	ard the grants or as ation's procedures fo	sistance? or monitoring the use	of grant funds in the Un	ited States			√ Yes No
Part III Grants and Other Assista that received more than \$				ipiete ii the organization	answered res on F	orm 990, Part IV, line 2.	t, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
	-						
	+						
	+						

Cat No 50055P

Schedule I (Form 990) 2015

Student loan assistance to clergy of the (2) Opus Dei Prelature	1	0	4,125	Cost	Monthly installments on student loan
Part IV Supplemental Informat	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

Part IV Supplemental Info	rmation. Provide the info	ı rmatıon required in P	Part I, line 2, Part III,	column (b), and any other	r additional information.

Return Reference Explanation The Woodlawn Foundation monitors the use of grant funds in the U.S. by means of direct, first-hand knowledge of the character and activities of its Schedule I, Part I, Line 2 grantees, and by means of regular, detailed accounts they provide to the Foundation

Page 2

Additional Data

Valparaiso, IN 463857728
Oakton Foundation Inc

5505 Chaucer Drive Houston, TX 770052631 45-2196605

Software ID: 15000352 **Software Version:** v1.00

501(c)(3)

EIN: 13-3055729

Name: WOODLAWN FOUNDATION INC

Form 990, Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Southmore Foundation Inc 2011 Sheridan Street Houston,TX 77030	76-0120857	501(c)(3)	2,500,000	0			Construction of physical plant				
Shellbourne Inc 359 West 200 North	35-1266330	501(c)(3)	1,831,250	0			Expansion of physical plant				

1,337,285

Construction of physical plant

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 13-3542148 501(c)(3) 1,159,282 Murray Hill Place Inc Operations 139 Fast 34th Street New York, NY 100164704 ruction of al plant

blant

Corporation for Social and	36-6205980	501(c)(3)	882,000	0		Constru
Educational Development						physical
6321 North Avendale Avenue						
Suite A-215						
Chicago II 60621		1				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

14281 Gallagher Road

Delray Beach, FL 33445

Chicago, IL 60631 65-0649421 501(c)(3) 811,882 Roseaire Retreat Inc Expansion of physical

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Chestnut Hill Foundation Inc. 04-3141919 501(c)(3) 666,228 \$441,906 for 481 Hammond Street operations and Chestnut Hill, MA \$224,322 for 024671714 expansion of physical ons

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

\$450,300 for

operations, and

\$15,000 for acquisition

of used motor vehicle

						plant
Prelature of the Holy Cross and Opus Dei	13-3598550	501(c)(3)	469,295	0		O peration
139 East 34th Street						l
New York, NY 100164704						i

465,300

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

(c) IRC section

(a) Name and address of

Crawford Foundation Inc.

99 Overlook Circle

New Rochelle, NY

108044501

(b) EIN

13-3552064

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Castlewood Foundation Inc 36-3309592 501(c)(3) 457,832 Operations 5800 North Keating Avenue Chicago, IL 606466615 ruction of Saxum rence Center in

Association for Cultural Interchange Inc 420 Lexington Avenue Suite 300 New York, NY 101700300	52-6054124	501(c)(3)	435,000	0		Construc Conferer Israel
Euclid Foundation 7800 Cass Avenue	36-4295675	501(c)(3)	382,800	0		\$ 2 3 7 ,8 0 operatio

800 for ions, and Darien, IL 605615008 \$145,000 for improvements to physical plant

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Windmoor Foundation Inc. 01-0788484 501(c)(3) 327,191 \$93,120 for operations, 1121 North Notre Dame and \$234,071 for

501(c)(3)

Tilden Study Center Inc

655 Levering Avenue Los Angeles, CA 900242308 95-4301168

South Bend, IN 466171342						development of physical plant
Tenley Study Center Inc 4300 Garrison Street Northwest Washington, DC 200164099	52-1545933	501(c)(3)	278,400	0		O perations

Operations

258,400

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Wvomina House Inc 52-1760051 501(c)(3) 250,990 \$211.800 for 2301 Wyoming Avenue operations, and Northwest \$39.190 for Washington, DC 200081642 Improvement to physical plant Partial forgiveness of 54-1826300 501(c)(3) 225,500 6,395 Cost \$225,500 for construction loan loperations, and \$6,395

\$27.185 for

mprovement to

Reston Study Center Inc
1810 Old Reston Avenue
Reston, VA 201903304

Elmbrook Inc
25 Follen Street

54-1826300

501(c)(3)

225,500

6,395 Cost

Partial forgiveness of construction loan

\$225,500 for operations, and \$6
for construction of physical plant

\$190,800 for operations, and operations, and \$6

\$190,800 for operations, and \$6

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Cambridge, MA 021383502

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Berkland Foundaton Inc 94-3207717 501(c)(3) 205,428 \$30,000 for operations, 1827 Oxford Street and \$175,428 to pay

Berkeley, CA 947091800						off mortgage loan on physical plant
Longlea Conference Center Inc 4101 Yuma Street Northwest Washington,DC 200162109	02-0665083	501(c)(3)	186,000	0		O perations
The state of the s						

501(c)(3) 184,200 Southmont Foundation Inc. 22-3146708 170 Montrose Avenue South Orange, NJ

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

070792415

\$34,200 for operations, and \$150,000 for Improvement to

physical plant

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Layton Study Center Inc 39-1692100 501(c)(3) 178,200 Operations 12900 West North Avenue ons

Brookfield, WI 530055217						
Mıdtown Cultural Center Inc 1825 North Wood Street Chicago, IL 606221130	36-4093991	501(c)(3)	176,700	0		O perations
Chaucer Drive Study Center	76-0353042	501(c)(3)	175,900	0		O perations

Inc

5505 Chaucer Drive Houston, TX 770052631

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Menlough Study Center Inc 77-0438157 501(c)(3) 165,879 \$100,000 for 1160 Santa Cruz Avenue operations, and Menlo Park, CA 940255003 \$65,879 to pay off lmortgage Joan on

100 East Essex Avenue

Kirkwood, MO 631224402

						physical plant
The Mill Brook School Foundation Inc 390 Oakland Parkway Franklin, MA 02038	47-5112301	501(c)(3)	165,000	0		Development of grade school for boys
Wespine Study Center Inc	43-1651179	501(c)(3)	162,668	0		\$94,200 for operations,

and \$68,468 for

improvement to physical plant

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Peninsula Foundation Inc. 501(c)(3) 150,000 \$125,000 for 94-2943240 770 South Windsor Boulevard operations, and for cost of

Los Angeles, CA _900053786					1	25,000 for cost of ale of real property
Association for Educational Development 5800 North Keating Avenue	36-2649305	501(c)(3)	140,454	0	OI	133,200 for perations, and \$7,25 or improvement to

Association for Educational	36-2649305	501(c)(3)	140,454	0		\$133,200 for
Development						operations, and \$
5800 North Keating Avenue						for improvement t
Chicago,IL 606466615						physical plant

\$7,254 t to 25-1603855 501(c)(3) 128,400 Operations

Warwick Foundation Inc. 5090 Warwick Terrace Pittsburgh, PA 152133836

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Kingsland Foundation Inc 65-0299587 501(c)(3) 121,000 \$117,000 for and \$4,000

4451 Southwest 88th Avenue Mıamı,FL 331655976						operations, and \$4,00 for improvement to physical plant
Wingren Foundation Inc	75-2405572	501(c)(3)	105,600	0		O perations

				_		
Irving,TX 750624512						
3610 Wingren Avenue						
Wingren Foundation Inc	75-2405572	501(c)(3)	105,600	0		O perations

The Nesses Family debies Too	12 2524004	E01/-3/23	104 100	0		0
Irving,TX 750624512						
3610 Wingren Avenue						
Wingren Foundation Inc	/5-24055/2	501(c)(3)	105,600	U		Operations

Irving,TX 750624512							
The Nassau Foundation Inc	13-3534894	501(c)(3)	104,400	0		O perations	

Irving,TX 750624512						
The Nassau Foundation Inc	13-3534894	501(c)(3)	104,400	0		O perations
2.4.14						

The Nassau Foundation Inc	13-3534894	501(c)(3)	104,400	0	O perations
34 Mercer Street					
Princeton, NJ 085406808					

(a) Name and address of (b) EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Arnold Hall Inc 22-2936068 501(c)(3) 73,000 Operations

Randall Street PO Box 528 North Pembroke, MA 02358						
Montrose Foundation Inc 29 North Street	04-2668765	501(c)(3)	70,000	0		O peration of school for young women

land \$17,000 for

Improvement to physical plant

Medfield, MA 02052 Riverside Study Center Inc 13-3547523 501(c)(3) 64,400 \$47,400 for operations,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

330 Riverside Drive

New York, NY 100253421

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Montevista Foundation Inc 74-2618410 501(c)(3) 63,700 \$46,500 for operations, 7,200 for ement to

30,000

Operations

345 East Summit Avenue San Antonio,TX 782123028						and \$17,200 for improvement to physical plant
Lincoln Green Foundation Inc 715 West Michigan Avenue	36-4145777	501(c)(3)	50,005	0		O perations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Urbana, IL 618014841
Trumbull Manor Inc

Novato, CA 949472021

50 Rica Vista

68-0235497

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) The Trimount Foundation Inc. 04-6141144 501(c)(3) 19,000 Operation of a retreat 56 Harrison Street house in Vermont Suite 401 New Rochelle, NY 108016560 ions

The Mathewson Foundation Inc 224 Bowen Street Providence, RI 029061542	05-0450077	501(c)(3)	15,600	0		O perations
Damana Bullatin Inc	12 4012242	F01/a\/2\	10.000	0		Onerstions
Romana Bulletin Inc	13-4013243	501(c)(3)	10,000			O perations

56 Harrison Street Suite 401

New Rochelle, NY 108016560

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other)

27-2559366 501(c)(3) 9.563 Wynncliff Inc Operation of a retreat 5800 North Keating Avenue house in Wisconsin

Chicago, IL 606466615

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Noncash Contributions

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

DLN: 93493198005257

Open to Public Inspection

Treasury Internal Revenue Service

SCHEDULE M

Department of the

(Form 990)

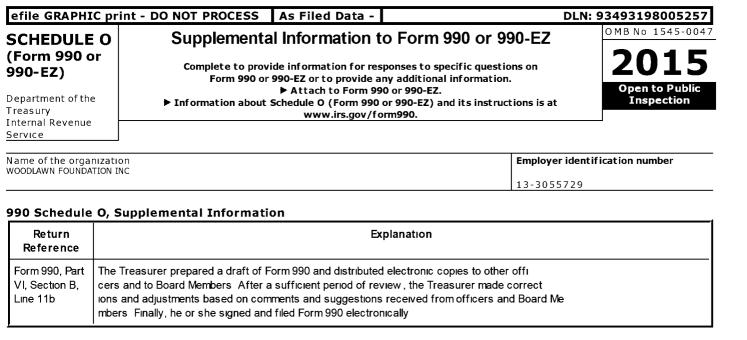
Name of the organization **Employer identification number** WOODLAWN FOUNDATION INC 13-3055729 **Types of Property** Part I (a) (b) (c) (d) Number of contributions Noncash contribution Method of determining Check ıf or items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line applicable 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles . . 7 Boats and planes Intellectual property . . 9 Securities—Publicly traded . 3,852,066 Fair value 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles Χ 1 6,000 Appraisal 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . . 15,734 Fair value **25** Other ▶ (Χ 1 Expired charitable gift annuity **26** Other ▶ (Х 1 3,000 Cost Partial forgiveness of loan payable **27** Other ▶ (Χ 8 -19,121 Fair value Discount of pledges receivable Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Νo 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Νo

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

describe in Part II

Schedule M (Form 990) (2015)



990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part Board Members and officers of the Woodlaw n Foundation revisit the conflict of interest pol VI. Section B. cy during the Board of Directors annual meeting in November Each Board Member and office r discloses whether or not he or she has a conflict of interest by means of a signed state Line 12c

ment listing conflicts, if any

990 Schedule O, Supplemental Information

Paturn

· ·	
Any position whose reportable and non-reportable compensation exceed \$80,000 is subject to	
the Woodlaw n Foundation's Executive Compensation Policy including, but not limited to, th	
e President, Executive Director, financial officers, management officers, and key employee	
s When applicable, the Executive Committee shall make its recommendation annually to the	
Board regarding the reasonableness of those positions It shall rely upon appropriate data	
as to comparability in making its determination. Furthermore, it shall place such data an	
d other reasons for its recommendation in the Minutes. Only those who are free of conflict	
	the Woodlaw n Foundation's Executive Compensation Policy including, but not limited to, the President, Executive Director, financial officers, management officers, and key employees. When applicable, the Executive Committee shall make its recommendation annually to the Board regarding the reasonableness of those positions. It shall rely upon appropriate data as to comparability in making its determination. Furthermore, it shall place such data an

s of interest may be involved in the evaluation of Executive compensation

Evolunation

Return Explanation
Reference

Form 990, Part

VI, Section C,
Line 19

The organization's governing documents, conflict of interest policy, and financial stateme
nts are available for review in person during regular business hours at the Treasurer's of
fice located at 56 Harrison Street, Suite 401, New Rochelle, New York 10801-6560

990 Schedule O, Supplemental Information

net assets

Return

Referen	ee .
Form 990, F XI, Line 9	Other changes in net assets in the amount of \$1,969,035 resulted from the audit by an inde pendent accounting firm of the consolidated financial records of the Woodlaw n Foundation a nd related parties for fiscal year ending June 30, 2015, i.e., the previous year's audit. We adjusted the value of the organization's net assets at the beginning of the year as fol lows (a) increased investment in limited partnerships by \$1,170,033 to reflect fair value as of the beginning of the year, (b) increased net pledges receivable by \$789,402 to recoord pledges received in the audit year, (c) decreased assets held in trust by \$48,671 due to unrecorded trust distributions made in the audit year, (d) decreased liability under trust agreements to reflect fair value at the beginning of the year, which resulted in an increase of \$41,223 to net assets, and (d) decreased liability under charitable gift annuitie
	st agreements to reflect fair value at the beginning of the year, which resulted in an inc

s to fair value at the beginning of the year, which resulted in an increase of \$17,048 to

Explanation

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

WOODLAWN FOUNDATION INC

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990.

Inspection **Employer identification number**

(a)	(b)	(c)	(d)		(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-	year assets	Dı	rect controlling entity		
Part II Identification of Related Tax-Exempt Org	anizations Complete if t	he organization ans	wered "Yes"	on Fori	m 990, Pa	rt IV, lı	ne 34 because i	t had o	ne
or more related tax-exempt organizations durii	ng the tax year.								
or more related tax-exempt organizations durified. (a) Name, address, and EIN of related organization	ng the tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se		(e) Public charity (if section 501)		(f) Direct controlling entity	Section (13)	contro ntity?
(a) Name, address, and EIN of related organization 1)Rockside Foundation 6 Harrison Street uite 401 ew Rochelle, NY 108016560	(b)	Legal domicile (state		(Public charity	(c)(3))	Direct controlling	Section (13)	on 512 control ntity?
(a) Name, address, and EIN of related organization 1)Rockside Foundation 6 Harrison Street uite 401	(b) Primary activity	Legal domicile (state or foreign country)	Exempt Code se	1:	Public charity (if section 501)	(c)(3))	Direct controlling entity	Section (13)	on 512 control entity?
(a) Name, address, and EIN of related organization 1)Rockside Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560 1-1538837 2)Sauganash Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560	(b) Primary activity supporting organization	Legal domicile (state or foreign country) OH	Exempt Code se	1:	Public charity if section 501(1 Type I	(c)(3))	Direct controlling entity N/A	Section (13)	on 512 contro entity?
(a) Name, address, and EIN of related organization 1)Rockside Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560 1-1538837 2)Sauganash Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560	(b) Primary activity supporting organization	Legal domicile (state or foreign country) OH	Exempt Code se	1:	Public charity if section 501(1 Type I	(c)(3))	Direct controlling entity N/A	Section (13)	on 512 contro entity?
(a) Name, address, and EIN of related organization 1)Rockside Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560 1-1538837 2)Sauganash Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560	(b) Primary activity supporting organization	Legal domicile (state or foreign country) OH	Exempt Code se	1:	Public charity if section 501(1 Type I	(c)(3))	Direct controlling entity N/A	Section (13)	on 512 contro entity?
(a) Name, address, and EIN of related organization 1)Rockside Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560 1-1538837 2)Sauganash Foundation 6 Harnson Street uite 401 ew Rochelle, NY 108016560	(b) Primary activity supporting organization	Legal domicile (state or foreign country) OH	Exempt Code se	1:	Public charity if section 501(1 Type I	(c)(3))	Direct controlling entity N/A	Section (13)	on 512 contro entity?

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	ct Predominant Share of Share of Disproprtionate Illing income (related, or unrelated, excluded from state)		Share of Share of Disproprion total income end-of-year allocate assets		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ode V-UBI Genera lount in box manag 20 of partne hedule K-1		(k) Percentage ownership	
] 3117			Yes	No	1	Yes	No	
											\vdash	
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

Yes

1a

Part V	Transactions With	Related Organizations	Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity............

b Gift, grant, or capital contribution to related organization(s)				1b	No
c Gift, grant, or capital contribution from related organization(s)				1c Ye	s
d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1 g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
					
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
• Other transfer of cash of property nonfretated organization(s)				1	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationship	and transaction threshold	ds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invol	ved
(1)Rockside Foundation	С	107,296	Cash		
(2)Sauganash Foundation	С	107,047	Cash		
	+	1			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	-year allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1 I		
													<u>. </u>	

