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EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

A I	For th	e 2015 calendar year, or tax year beginning J	UL 1, 2015 and	ending	<u>JUN 30, 2</u>	016			
	Check if	ia I			D Employer i	dentificati	ion number		
	applicat	WOODBRIDGE ROTARY SCHOOL	LARSHIP						
	Addr chan	PE FOUNDATION, INC.							
	Name Chan				2	22-2925024			
	Initia returi	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/sur	te E Telephone	E Telephone number			
	Final	605 KING GEORGES POST I	ROAD		(732)6	36-9610		
	termi ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts	\$	306,797.		
	Amer	fords, NJ 08863			H(a) Is this a g	roup retur	n		
	Appli		HAEL FEINBURG		for subore	dinates?	Yes X No		
	pend	^{ng} PO BOX 5600, WOODBRIDGE			H(b) Are all subor	dinates includ			
1 1	fax-ex			or 52			(see instructions)		
		te: ► N/A			H(c) Group ex				
_			sociation Other	L Ye			ate of legal domicile: NJ		
	art I	Summary				<u> </u>	4.0 0.1094.001.01.01.01		
	1	Briefly describe the organization's mission or most	significant activities: SEE	BELOW					
Activities & Governance	\ .	enony document or gammation of motion of motion	<u></u>		'				
naı	2	Check this box If the organization discon	itinued its operations or dispos	sed of mo	ore than 25% of its	net asset	<u> </u>		
Š	3	Number of voting members of the governing body (oca or me	ore than 2070 or its	3	5		
ဌိ	I .		•				5		
٠ŏ	4	Number of independent voting members of the gov		•	•	4			
ţį.	5	Total number of individuals employed in calendar ye	ear 2015 (Part V, line 2a)	•		5	0		
Ξ	6	Total number of volunteers (estimate if necessary)				6	0		
Ac		Total unrelated business revenue from Part VIII, col	• • • • • • • • • • • • • • • • • • • •		•	7a	0.		
	b	Net unrelated business taxable income from Form 9	990-T, line 34	 -		7b	0.		
				-	Prior Year		Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		. L		0.	0.		
	9	Program service revenue (Part VIII, line 2g)		L		0.	0.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)	L	28,3	84.	<u><63,394.</u> >		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d 8c.	90, t0p, and 1 (e)		4,6	63.	1,000.		
	12	Total revenue - add lines 8 through 11 (must equal)		33,0	47.	<62,394.>			
	13	Grants and similar amounts paid (Part IX column (A), l _{li} nes 1-3)		37,7	75.	34,000.		
	14	Benefits paid to or for members (Part IX Bolumn (A)			0.	0.			
S	15	Salaries, other compensation, employee benefits (P	(D)	·		0.	0.		
Expenses		Professional fundraising fees (Part IX, column AG)				0.	0.		
per		Total fundraising expenses (Part IX, column (D), line		0.					
ជ័	17	Other expenses (Part IX, column (A), lines 11a-11d,			14,9	72.	17,394.		
	18	Total expenses Add lines 13-17 (must equal Part IX	•			47.	51,394.		
	19	Revenue less expenses Subtract line 18 from line 1				00.>	<113,788.>		
-SS		Neverlue less expenses Subtract line 10 from line					End of Year		
ansc		Total coasts (Dort V. line 16)		<u> </u>	Beginning of Curren		749,506.		
Ball	20	Total assets (Part X, line 16)	•	····	866,0 37,7				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		· -			35,000.		
뜶	225	Net assets or fund balances Subtract line 21 from Signature Block	line 20		828,2	94.	714,506.		
Ц.									
	. 6	alties of perjury, I declare that I have examined this return, i	· · · · · · · · · · · · · · · · · · ·			=	owledge and belief, it is		
true,	corre	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wh	nich prepar	rer has any knowledg	je			
	-	Mullet				16/1	7		
Sig	n ʻ	Signature of officer	•		Date		•		
Her	e '	MICHAEL FEINBURG, PRESI	IDENT						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	heck	PTIN		
Paid	1	R. WINTER	-		01/18/17	elf-employed	₽00139801		
Prep		Firm's name WINTER & COMPANY	, PC		Firm's E		2-2208956		
-	Only	Firm's address 605 KING GEORGES			1,				
		FORDS, NJ 08863			Phone	no 732-	738-4400		
Mar	the !	RS discuss this return with the preparer shown above	ve? (see instructions)				X Yes No		
				<u> </u>			Form 990 (2015)		
0320	01 12-	io-io Liia fui raperwork neduction act Notice	e, see the separate instruction	uns.			Fyiiii 224 (2015) 🤇		

	rt III Statement of Program S	ervice Accomplishments	22-2925024 Page A
Га		response or note to any line in this Part III	_
	Briefly describe the organization's miss		
1	SEE BELOW.	SION	
	SEE BEDOW.		
	Did the constant of the consta		
2		nificant program services during the year which we	ere not listed on Yes X No
	the prior Form 990 or 990-EZ?		. LIYes LAINO
	If "Yes," describe these new services of		
3		, or make significant changes in how it conducts, a	any program services?
	If "Yes," describe these changes on So		
4		ervice accomplishments for each of its three larges	
	Section 501(c)(3) and 501(c)(4) organiz	ations are required to report the amount of grants	and allocations to others, the total expenses, and
	revenue, if any, for each program servi		
4a	(Code) (Expenses \$	34,000. including grants of \$	34,000.) (Revenue \$
	SCHOLARSHIP AWARDS	MADE TO WOODBRIDGE RESIDE	NTS, AND EXPENSES
	ATTRIBUTABLE THERET	O. SCHOLARSHIPS ISSUED D	URING THE YEAR
			
4b	/Code) (Evpensor \$	including grants of \$) (Revenue \$
70	(Code) (Expenses \$	including grants of \$	
			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
			
4d	Other program services (Describe in Sc	hedule ())	
70			Income e
4-	Total program service expenses	including grants of \$)	(Revenue \$
<u>4e</u>	Total program service expenses		Form 990 (201:
53200	2		Form 990 (201)

12-16-15

Form 990 (2015) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.03	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4		4		x
_	during the tax year? If "Yes," complete Schedule C, Part II			<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	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		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	L
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	i '		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_x_
ь	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	- · · · · · · · · · · · · · · · · · · ·			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ĺ	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
18	1 - and 9e9 K Wes II semple to Cabadula O. Port II	18	[x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	├ ^
19		19		x
	complete Schedule G, Part III		990	(2015)
		. 0111		(درانع)

		Form	990	(2015)
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	!	i	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			•
0.4	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
22	·	32		X
32	Schedule N, Part II	00		v
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
31	If "Yes," complete Schedule N, Part I	24		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u>~</u>	 	
	contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Ü	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	!	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		41
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X _
	instructions for applicable filing thresholds, conditions, and exceptions)			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	 -		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	complete Schedule L, Part II	26		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	Schedule L, Part I	25b		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	{ ·		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25a	24a		<u>X</u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		<u>X</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		_	
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
			Yes	No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	044	га	ge J
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of note to any line in this Part V			
	i I "r	`	/es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	1	İ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ	ļ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ŀ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	ĺ	Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			 -
-	were not tax deductible?	6b	Ì	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	 -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\neg \dagger$	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	-35		
а	Initiation fees and capital contributions included on Part VIII, line 12		Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	and the second second from the second			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-+	
_ b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	125		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	+	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand	445	\dashv	<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in School Q.	14a	\dashv	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Form 9	200 //	
		rom s	7 3 U (2	ZU 15)

Form **990** (2015)

Form 990 (2015) FOUNDATION, INC. 22-2925024 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			<u> X</u>						
Sec	tion 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 1a 5]								
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent									
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		X						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a_		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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_		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a_		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NJ									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section of the constant	availab	le							
	for public inspection. Indicate how you made these available Check all that apply.									
	Own website									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THE ORGANIZATION - (732) 738-4400									
	605 KING GEORGES POST ROAD, FORDS, NJ 08863									

532006 12-16-15

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(do	not c	(C Pos heck ss pe	C) Ition more rson	than	one h an	ed any current officer, (D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	er an	d a d	recto	Highest compensated carp/se employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL FEINBURG PRESIDENT	0.00							0.	0.	0.
(2) RAY ZIRPOLO	0.00							0.		
TREASURER (3) BRIAN FREEMAN	0.00	-								0.
DIRECTOR (4) JOHN DENOIA	0.00		-					0.		0,
DIRECTOR								0.	0.	0.
			_		-	ļ				
		_				<u> </u>		- ~-		* ***
					_					
		-	-		-	-				
		-	-			-	_			
			-	-		-				
			_	_		_			-	
	<u> </u>	ł		1			1			

Form 990 (2015)

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F	OIT	MDA	ጥፐር	MO	. TNC.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(do	not c	((Pos heck	C) ition more	than	one	(D) Reportable compensation	(E) Reportable compensation			(F) timate ount o	
	week (list any hours for related organizations below			nless perso			tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	;)	comp fro orga and	other pensatom the anizati I relate	tion e on ed
	line)	ipividi	instituti	Officer	Key employee	Highest employ	Former				orga	nızatıd	ons
													
									·				
1b Sub-total			L			_		0.		0.			0.
 Total from continuation sheets to Part VI Total (add lines 1b and 1c) 	I, Section A						▶	0.		0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d al	oove	e) wh	io re	eceived more than \$100	,000 of reportable	•			0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual			-						-	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-							•	the organization		4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-		elat	ed organization or indivi	dual for services		5_		х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100.000 of comp	ensa	ation fr	om	
the organization Report compensation for (A)		-							•		(C		
Name and business	address	NO	ONE	<u> </u>				Description of s	ervices	Co	omper		1
							_						
- <u></u> -													
2 Total number of independent contractors (i		ot li	mite	d to		se lis	sted	l above) who received m	nore than	÷	_		
\$100,000 of compensation from the organi	zauvii 🚩					<u> </u>					Form 9	9 90 (2	2015)

Form 990 (2015) FOUNDAT
Part VIII Statement of Revenue

	•	Check if Schedule O con	tains a response	or note to any lu	ne in this Part VIII			
		GINSON II GGINGGAIG G GGI	tamo a response	or rote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 2	Federated campaigns	1a			7000.00		312-314
ant		Membership dues		· 				
ي ۾		·	1b		1			
ifts r A	C	· ·	1c					
g je	d	•	1d					
Sin	e	• ,	· -		-			
uti Per	T	All other contributions, gifts, grain						
흥		similar amounts not included abo						•
Contributions, Gifts, Grants and Other Similar Amounts	g		s 1a-1f \$					
<u>ی «</u>	<u>n</u>	Total. Add lines 1a-1f	<u>·</u>	Business Cada				
	0 -			Business Code				
š	2 a b						1.1	
ie g							71	
E è	C			·				
Page	d							
Program Service Revenue	e f	All other program service reve					 .	
	' a		silue					
	3	Investment income (including	dividends intere	est and				
	Ŭ	other similar amounts)	aividorido, iritori	>5t, und	13,944.	13,944.		
	4	Income from investment of ta	x-exemnt hand r	•	13,311.	15,544.		
	5	Royalties	x exempt bend p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
	•	,	(i) Real	(ii) Personal				
	6 a	Gross rents	(7.100.	(1) (1)				
	b	Less. rental expenses						
	c	Rental income or (loss)						
	d							
		Gross amount from sales of	(i) Securities	(ii) Other			-	
		assets other than inventory	291,853.					
l	b	Less: cost or other basis						
		and sales expenses	369,191.					
ĺ	С	Gain or (loss)	<77,338.	>				
	d	Net gain or (loss) .			<77,338.	> <77,338.	>	
e le	8 a	Gross income from fundraisin	g events (not					
		including \$	of					
Other Reven		contributions reported on line	1c) See					
e		Part IV, line 18	. а					
듄		Less direct expenses	. b					
	С	Net income or (loss) from fund	draising events	. •				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less: direct expenses	b	L				
		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b					
}	С	Net income or (loss) from sale		>				
-	44 -	Miscellaneous Revenu		Business Code		1 000		
	11 a	PARTNERSHIP INV		999999	1,000.	1,000.	 	
	b		 					
	c d	All other revenue						
	_	Total. Add lines 11a-11d		•	1,000.		- , , -	
	12	Total revenue. See instructions.				> <62,394.	> 0,	0.
								

Form 990 (2015) FOUNDATION, INC.
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	34,000.	34,000.		
3	Grants and other assistance to foreign		-	-	
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1/2. 1			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
С	Accounting	5,500.		5,500.	
d	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			1	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			<u>-</u>	
23	Insurance				
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 0.)				
а	OFFICE EXPENSE	4,743.		4,743.	
b	INVESTMENT FEES	3,558.		3,558.	
C	TAXES	2,040.		2,040.	
d	INSURANCE	1,523.		1,523.	
е	All other expenses	30.		30.	
25	Total functional expenses. Add lines 1 through 24e	51,394.	34,000.	17,394.	0.
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)				

Form 990 (2015) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 Cash - non-interest-bearing 108,059. 260,986. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 instr). Complete Part II of Sch L Notes and loans receivable, net 7 8 inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 605,071. 641,447. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 12. Other assets See Part IV, line 11 0. 15 15 866,069. 749,506. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 37,775. 25 35,000. Schedule D 35,000. 37,775. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 828,294. 714,506. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 749,506. Form 990 (2015)

714,506.

31

32

33

828,294.

866,069.

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

2c

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Form 990 (2015)

X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

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.

section 2015

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization WOODBRIDGE ROTARY SCHOLARSHIP

FOUNDATION, INC.

Employer identification number

	ruu	MUATION, IN	L•			<u></u>	4-4 <u>5</u> 45044
Part	Reason for Public	c Charity Status (/	All organizations must co	mplete th	ıs part) Se	e instructions	
The org	anization is not a private fou	indation because it is: (For lines 1 through 11, c	heck only	one box)		
1 [A church, convention of	•	-	-)(A)(i).	
2	A school described in se					N 117	
3 <u></u>	A hospital or a cooperati					iì	
4	A medical research organ					•	he hospital's name
~		inzation operated in col	njunotion with a noophus	docomboo	30000	ir ir olog iggagaig. Einer i	mo moopharo mamo,
	city, and state: An organization operated	d for the benefit of a co	llogo or university owner	t or operat	ted by a gr	wommental unit describ	od in
5 ∟			nege of university owner	o opera	led by a go	overnmental unit describ	eu III
	section 170(b)(1)(A)(ıv).	•					
6 ⊨	୍ରା A federal, state, or local (
7			ntial part of its support f	rom a gov	emmental	unit or from the general	public described in
_	section 170(b)(1)(A)(vi).	(Complete Part II)					
в 🖳	A community trust descr	nbed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9	An organization that norr	mally receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, ar	nd gross receipts from
	activities related to its ex	empt functions - subjec	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of its support	from gross investment
	income and unrelated bu	ısıness taxable income	(less section 511 tax) fro	om busine	sses acqu	red by the organization a	after June 30, 1975
	See section 509(a)(2). (0	Complete Part III.)					
10 🗀	An organization organize	d and operated exclusi	vely to test for public sa	fety. See :	section 50	9(a)(4).	
11 X	An organization organize	d and operated exclusi	vely for the benefit of, to	perform t	the functio	ns of, or to carry out the	purposes of one or
	more publicly supported	•	•				
	lines 11a through 11d tha	-					
a [X Type I. A supporting or						aivina
•	•••	-				ctors or trustees of the si	
	organization You mus	, , , ,					apporting
h [tion with it	e sunnarte	ed organization(s), by hav	una
b L							
				ame perso	nis mai cc	ntrol or manage the sup	porteu
г	organization(s) You m	•					
c L						and functionally integrate	ed with,
r	, ··). You must complete f				
d l	Type III non-functions	ally integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
	that is not functionally	integrated The organiz	ation generally must saf	tisfy a dist	ribution re	quirement and an attenti	veness
-		•	nplete Part IV, Sections				
e	X Check this box if the o	rganızatıon received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
	functionally integrated,	, or Type III non-function	nally integrated support	ing organiz	zation.		
f E	nter the number of supporte	d organizations					11
g P	rovide the following informat	tion about the supporte	d organization(s).				
	(i) Name of supported	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization n your		(vi) Amount of
	organization		(described on lines 1-9 above (see instructions))	governing	document?	support (see	other support (see
			above (see instructions))	Yes	No	instructions)	instructions)
ROTA	RY CLUB OF						
	BRIDGE	22-6104545	7	Х		0.	
1001	21.1201	<u> </u>	<u></u>				
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990 FZ) 2015 FOUNDATION INC.

22-2925024 Page 2

Pa	art II Support Schedule for	Organization	s Described in	Sections 170	(b)(1)(A)(iv) ar		<u> 302 ⊊ 1 age 2</u> ⁄i)
	(Complete only if you checke	•					•
	fails to qualify under the tests	s listed below, ple	ase complete Part	III)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and				T		
	membership fees received (Do not	}		1			
	include any "unusual grants ")			1	_		
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to					Į.	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			ļ)	}	
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3				<u> </u>	<u> </u>	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				ł	1	
	supported organization) included				}		
	on line 1 that exceeds 2% of the			[1		
	amount shown on line 11,				1	1	
	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>		<u> </u>	<u> </u>	<u></u>
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				ļ	·	
8	Gross income from interest,]	j	
	dividends, payments received on			Į,			
	securities loans, rents, royalties		}	}		1	
	and income from similar sources	<u> </u>			ļ	 	
9			l				
	activities, whether or not the						
	business is regularly carned on			 		-	
10	Other income. Do not include gain		[
	or loss from the sale of capital		1	Į			
	assets (Explain in Part VI)			 	-	 	
	Total support. Add lines 7 through 10	ota (one instruct	L	 	<u> </u>	12	L
	Gross receipts from related activities, First five years. If the Form 990 is for			rd fourth or fifth t	av vear as a secti		
13	organization, check this box and stor	-	S III St, Second, triii	ia, ioditii, or mart	ax year as a seen	011 00 1 (0)(0)	▶□
Se	ction C. Computation of Publ		ercentage				
	Public support percentage for 2015 (I			column (f))		14	9/
15				.,,		15	9/
	a 33 1/3% support test - 2015. If the o			on line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies						▶□
	b 33 1/3% support test - 2014. If the				d line 15 is 33 1/3	% or more, check t	nis box
	and stop here. The organization qual						▶□
17:	a 10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶
	b 10% -facts-and-circumstances tes	t - 2014. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, oi	17a, and line 15 is	10% or

Schedule A (Form 990 or 990-EZ) 2015

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

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

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.

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 fails	to
qualify under the tests listed below, please complete Part II)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1	
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						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf					 	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			<u> </u>			
7 a	Amounts included on lines 1, 2, and				}	1	
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)				<u> </u>		
	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975	·					
c	Add lines 10a and 10b	ļ <u>.</u>		-,			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)				 		
	First five years. If the Form 990 is for	the organization's	s first second thir	d fourth or fifth to	ax vear as a section	on 501(c)(3) organia	zation
• •	check this box and stop here	ino organization	, oc, ooooa,	o, 1001 a., 01 mar a	ar your ao a ooon	on do i (o)(o) organia	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<u> </u>			
	Public support percentage for 2015 (I			column (f))		15	%
	Public support percentage from 2014		<u>-</u>		•	16	%
	ction D. Computation of Inves						``
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	,	••	18	%
	33 1/3% support tests - 2015. If the			on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box a						. ▶□
t	33 1/3% support tests - 2014. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che			-		-	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ir	structions	

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION, INC.

Part IV Supporting Organizations

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

200	tion A. All Supporting Organizations			
360	tion A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ſ		
	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	X	
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		1	
	organization was described in section 509(a)(1) or (2).	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		_X_
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		l l	!
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	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		_X_
b	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	L!	
С	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	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			i
	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	-	X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	1		
	designated in the organization's organizing document?	_5b		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	ſ		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	ļ		}
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	l _		7,5
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7_	}	X
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 I of Schedule L (Form 990 or 990-EZ)	8_	 	X
Уa	Was the organization controlled directly or indirectly at any time during the tax year by one or more	i		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0-		v
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	 	_X_
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	0.	İ	v
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	 	X
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-	[~
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1	1	<u> </u>
	supporting organizations)? If "Yes," answer 10b below.	10a	1	X
h	Did the organization have any excess business holdings in the tax year? (Lise Schedule C. Form 4720, to	_ iva_	+-	- ^

determine whether the organization had excess business holdings.)

	dule A (Form 990 or 990 EZ) 2015 FOUNDATION, INC.	<u>22-2925</u>	02	4 Pa	ige 5
Pa	rt IV Supporting Organizations (continued)				
	·			Yes	No
11	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)	ĺ	[ĺ
	below, the governing body of a supported organization?	11	а		<u>X</u>
b	A family member of a person described in (a) above?	11	b		X
_с	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.		С		X
Sec	tion B. Type I Supporting Organizations				
				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		J		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,	1	[
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ŀ	- {		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		X	
2	Did the organization operate for the benefit of any supported organization other than the supported				Ī
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	[1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	1		1
	supervised, or controlled the supporting organization.	1 2	.		X
Sec	tion C. Type II Supporting Organizations				
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed	j			
	the supported organization(s).				1
Sec	tion D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u></u>			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	١ ،	i l		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	j			
	the organization maintained a close and continuous working relationship with the supported organization(s)	1 2	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's	1			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ			
	supported organizations played in this regard.	3	3		1
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions):			
а	The organization satisfied the Activities Test Complete line 2 below.	•			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ıty (see ınstruct	ons).	
2	Activities Test. Answer (a) and (b) below.		ĺ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	•			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	•			
	how the organization was responsive to those supported organizations, and how the organization determined	1			
	that these activities constituted substantially all of its activities.	2	а		l
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
	reasons for the organization's position that its supported organization(s) would have engaged in these				
	activities but for the organization's involvement.		b	{	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	- -			
-	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	ء ا	а		
_		<u>-</u> 3	<u>a</u>	 -	
b		_	b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3	<u>, </u>	L	L

532025 09-23-15

	dule A (Form 990 or 990-EZ) 2015 FOUNDATION, INC.			22-2925024 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov 20, 1970 See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		L
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7_	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly-integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

		OTARY SCHOLARSH		0.000004 -
Sche Par	dule A (Form 990 or 990-EZ) 2015 FOUNDATION,			2-2925024 Page 7
L	· · · · · · · · · · · · · · · · · · ·	9(a)(3) Supporting Org	anizations (continued)	т————
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI) See instructions.		·	-
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	- 		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b		1		
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
j	Carryover from 2010 not applied (see instructions)			
i_	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			
С	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 3j			
	and 4c			
8	Breakdown of line 7:			
a_				
b				

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013 d Excess from 2014 e Excess from 2015

Part VI		tion Provide the explanation		O, Part II, line 17a or 17b, Part III	45024 Page 8
, 41	Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line Section D, lines 5, 6, and 8, a	3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 s 2 and 3; Part IV, Section E, II	c, 11a, 11b, and 11c; Part I nes 1c, 2a, 2b, 3a and 3b, F	 Part II, line 17a or 17b, Part III Section B, lines 1 and 2, Part Part V, Iine 1, Part V, Section B, I part for any additional information 	IV, Section C, ine 1e, Part V,
	(See instructions)		· · · · · · · · · · · · · · · · · · ·		
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	<u> </u>				
					. <u> </u>
			<u> </u>		

(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

Name of the organization

WOODBRIDGE ROTARY SCHOLARSHIP

FOINDATTON TNC Employer identification number 22-2925024

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
L	organization answered "Yes" on Form 990, Part IV, Iin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements	•	. 2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic str	• *	2c
a	Number of conservation easements included in (c) acquired	arter 8/17/06, and not on a historic structur	
•	listed in the National Register Number of conservation easements modified, transferred, re	lagged outing uphed or terminated by the	2d
3	year	leased, extinguished, or terminated by the t	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	·	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	
	>	•	- ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
D-	conservation easements.	E Aut I links in all Trus sources on Oth	Oinsiles Assets
Pa	organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that described as a secretary statement of the constraints of the constrai	·	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide trie following amounts
	relating to these items:		~ *
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		~
•	If the organization received or held works of art, historical tre	asures or other cimilar assets for financial (. P V
2	the following amounts required to be reported under SFAS 1		gairi, provide
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990. Part X	• • • • • • • • • • • • • • • • • • • •	

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

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Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 FOUNDAT	ION, INC.						<u> 22-29</u>	25024	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, or (Other	Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that ar	e a sigr	nficant	use of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange programs					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organization's	s exemp	ot purpo	ose in Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or other s	ımılar a	ssets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes	<u>No</u>
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered "Ye	s" on F	orm 990	0, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ıan or other intermed	liary for	contribution	ns or other asset	s not in	cluded	_	_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.				·		
									Amount	
С	Beginning balance						1c			
d	Additions during the year				-		1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						? .	. L	」Yes	L No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two years ba	ack (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships					_				
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	rent year end balanc		g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posses	ession of the organiz	ation tha	at are neid a	and administered	i for the	organi	zation	Г	/ N-
	by.									Yes No
	(i) unrelated organizations			-		••	•		3a(i)	\dashv
	(ii) related organizations	stiana liatad aa ra=:	· · ·	obodulo DO		•	•		3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Da	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		willelit	iurius.						
, al	Complete if the organization answere) Part I	/ line 11a ⁽	See Form 990 P	art X lu	ne 10			
	Description of property	(a) Cost or c				(c) Acc		ed.	(d) Book	value
	Description of property	basis (investi			(other)		eciation	L	(u) Dook	Value
	Land				3	<u></u>		-		
_								-		
b	Buildings Leasehold improvements									
ن	Equipment									···
d	Other .							- -		 -
	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X, colur	nn (B). line	10c.)				-	0.

Schedule D (Form 990) 2015

	DATION.	INC
M.C. HELDER	3 A '1' 1 (3 N I	I NIC.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valua	tion Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	 		
(3) Other	05 040	GOGT	
(A) SECURITIES AMERICA	85,940.		
(B) WELLS FARGO ADVISORS	555,507.	COST	
(C)			
(D)			
(E)			
(F) (G)			*
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	641,447.		
Part VIII Investments - Program Related.	041,447		
	on Form 000 Dort IV line	11a Can Form 000 Doct	V line 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		tion Cost or end-of-year market value
(1)	(b) Book Value	(c) Method of Valuar	don oost of end-oryear market value
(2)			
(3)	17.200	 	
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·	75 7.	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		<u> </u>	
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d See Form 990 Part	X. line 15
	Description		(b) Book value
(1)	* *		
(2)			
(3)	**		
(4)			
(5)	<u> </u>		
(6)	<u>,, , , , , , , , , , , , , , , , , , ,</u>		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f See Form 990), Part X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SCHOLARSHIP AWARDS PAYABLE	3	35,000.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	35,000.	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to		cial statements that reports the
organization's liability for uncertain tax positions under l			
			Schedule D (Form 990) 20

532054 09-21-15

SCHEDULE (Form 990)

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

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 www.irs.gov/form990.

WOODBRIDGE ROTARY SCHOLARSHIP

Name of the organization

Internal Revenue Service

OMB No 1545-0047	2015	Open to Public

Employer identification number

Inspection .

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ջ ⊠ 22-2925024 (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable General Information on Grants and Assistance (b) EIN Z cntena used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization or government Part Part II

25

Schedule I (Form 990) (2015)

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

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

532101 10-28-15

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. FOUNDATION, INC. Schedule I (Form 990) (2015) Part III

Page 2

22-2925024

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance Ö 34,000 (c) Amount of cash grant (b) Number of recipients 21 (a) Type of grant or assistance SCHOLARSHIPS

Schedule I (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. WOODBRIDGE ROTARY SCHOLARSHIP

Employer identification number

FOUNDATION, INC.	22-2925024
FORM 990, PART VI, SECTION B, LINE 11:	
THE PRESIDENT OF THE ORGANIZATION RECEIVES A COPY OF THE	FORM 990 AND
DISTRIBUTES COPIES TO ALL DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST.	