

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 20 09

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization WOODLAWN FOUNDATION
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
524 North Avenue - Suite 203
 City or town, state or country, and ZIP + 4
New Rochelle, NY 10801-3410

D Employer identification number
13 3055729

E Telephone number
 (914) 632-3778

F Name and address of principal officer: Timothy C Hogan
139 East 34th Street, New York, NY 10016-4704

G Gross receipts \$ 16,619,093

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.woodlawnfoundation.org

K Type of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1979 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Woodlawn Foundation solicits contributions and provides grants to nonprofit organizations which receive pastoral care from the Catholic Prelature of Opus Dei.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	8	
	5 Total number of employees (Part V, line 2a)	8	
	6 Total number of volunteers (estimate if necessary)	4	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0	
7b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	15,765,992	13,954,470
	9 Program service revenue (Part VIII, line 2g)	395,115	479,292
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,001,431	-695,657
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245,289	17,603
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,407,827	13,755,708
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,024,837	8,991,940
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	360,508	359,589
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,864</u>		0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,421,037	819,000	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,806,382	10,170,529	
19 Revenue less expenses. Subtract line 18 from line 12	7,601,445	3,585,179	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	33,842,135	33,636,900
	21 Total liabilities (Part X, line 26)	1,124,163	1,193,585
	22 Net assets or fund balances. Subtract line 21 from line 20	32,717,972	32,443,315

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____
Arthur Kim Rivera, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Check if self-employed Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
The Woodlawn Foundation solicits contributions and provides grants to nonprofit organizations which receive pastoral care from the Catholic Prelature of Opus Dei.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ **9,472,689** including grants of \$ **8,953,849**) (Revenue \$ **479,296**)
Provided grants and services in support of nonprofit organizations that receive pastoral care from the Roman Catholic Prelature of Opus Dei. Services extedn to the broad general public.

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

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **0** including grants of \$ **0**) (Revenue \$ **0**)

4e Total program service expenses ▶ \$ **9,472,689** (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
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 reportable gaming (gambling) winnings to prize winners?	✓	
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 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		✓
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	✓	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	✓	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	12
b	Enter the number of voting members that are independent	1b	8
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9a	Does the organization have local chapters, branches, or affiliates?	9a	<input checked="" type="checkbox"/>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<input checked="" type="checkbox"/>
11	Is there any officer, director or 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	11	<input checked="" type="checkbox"/>

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13	Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **Arthur Kim C Rivera, (914)632-3778**
524 North Avenue, Suite 203, New Rochelle, NY 10801-3410

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy C Hogan President	10	✓		✓				\$0	\$0	\$0
Michael A Coan Executive Director and Vice President	20	✓		✓				\$16,920	\$0	\$0
Gregory G Giebler Secretary	20	✓		✓				\$0	\$0	\$0
Arthur Kim C Rivera Treasurer	20	✓		✓				\$16,920	\$0	\$0
George Sim Johnston III Board Member	2	✓						\$0	\$0	\$0
Mary Ellen Kranzlin Board Member	1	✓						\$0	\$0	\$0
Dorothy A Maloney Board Member	1	✓						\$0	\$0	\$0
Edythe F Merritt Board Member	1	✓						\$0	\$0	\$0
James O'Kane Board Member	1	✓						\$0	\$0	\$0
Jacqueline Y Taylor Board Member	1	✓						\$0	\$0	\$0
Edwin S Tecarro Board Member	5	✓						\$0	\$0	\$0
Maria Valdeavellano Board Member	1	✓						\$0	\$0	\$0

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0					
	b Membership dues	1b	0					
	c Fundraising events	1c	0					
	d Related organizations	1d	0					
	e Government grants (contributions).	1e	0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,954,470					
	g Noncash contributions included in lines 1a-1f: \$		5,252,483					
	h Total. Add lines 1a-1f		13,954,470					
Program Service Revenue			Business Code					
	2a Interest on program related to		900001	132,425	132,425	0	0	
	b Receipts to Defray Cost of Heal		524292	346,867	346,867	0	0	
	c							
	d							
	e							
	f All other program service revenue			0	0	0	0	
	g Total. Add lines 2a-2f			479,292				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			381,692	0	0	381,692	
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0	
	5 Royalties			0	0	0	0	
	6a Gross Rents	(i) Real	17,138	0				
		b Less: rental expenses	0	0				
		c Rental income or (loss)	17,138	0				
		d Net rental income or (loss)		17,138				
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,786,036	0				
		b Less: cost or other basis and sales expenses	2,863,385	0				
		c Gain or (loss)	-1,077,349	0				
		d Net gain or (loss)		-1,077,349				
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses.	b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d All other revenue			465	0	0	465		
e Total. Add lines 11a-11d			465					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			13,755,708	479,292	0	-678,054		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,953,849	8,953,849		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,056	23,056		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	15,035	15,035		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	33,840	836	32,879	125
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	290,127	7,162	281,890	1,075
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	10,838	268	10,530	40
10 Payroll taxes	24,784	612	24,080	92
11 Fees for services (non-employees):				
a Management	143,440	0	143,440	0
b Legal	196	0	196	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	150	0	150	0
g Other	0	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	28,888	713	28,068	107
14 Information technology	15,645	386	15,201	58
15 Royalties	0	0	0	0
16 Occupancy	141,070	1,922	138,860	288
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,985	49	1,929	7
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	448,270	448,270	0	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Annuity Expense	20,055	20,055	0	0
b Miscellaneous	19,301	476	18,753	72
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	10,170,529	9,472,689	695,976	1,864
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	181,797	1	208,594
	2 Savings and temporary cash investments	7,466,490	2	7,409,692
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,377,051	7	2,923,506
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	14,075	9	11,629
	10a Land, buildings, and equipment: cost basis	7,132,408		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	0		
		1,900,000	10c	7,132,408
	11 Investments—publicly traded securities	17,956,047	11	12,004,396
	12 Investments—other securities. See Part IV, line 11	1,922,567	12	1,922,567
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	2,024,108	15	2,024,108	
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,842,135	16	33,636,900	
Liabilities	17 Accounts payable and accrued expenses	0	17	27,790
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable	859,518	24	903,018
	25 Other liabilities. Complete Part X of Schedule D	264,645	25	262,777
	26 Total liabilities. Add lines 17 through 25	1,124,163	26	1,193,585
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,602,174	27	19,611,637
	28 Temporarily restricted net assets	10,115,798	28	12,831,678
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	32,717,972	33	32,443,315
34 Total liabilities and net assets/fund balances	33,842,135	34	33,636,900	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	✓	
b	Were the organization's financial statements audited by an independent accountant?	✓	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	✓	
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 Act and OMB Circular A-133?		✓
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

WOODLAWN FOUNDATION

Employer identification number

13 3055729

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III-Functionally integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,254,393	12,462,981	10,930,012	15,765,992	13,954,469	70,367,847
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	17,254,393	12,462,981	10,930,012	15,765,992	13,954,469	70,367,847
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,096,722
6 Public support. Subtract line 5 from line 4.						56,271,125

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	17,254,393	12,462,981	10,930,012	15,765,992	13,954,469	70,367,847
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273,848	380,843	653,157	825,698	531,255	2,664,801
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	348,160	442,752	319,645	484,304	347,332	1,942,193
11 Total support. Add lines 7 through 10						74,974,841
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	75.05 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	79 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

For 2004: Reimb for health insurance benefits \$347,003; Miscellaneous \$1,157. For 2005: Reimb for health insurance benefits \$427,888; Miscellaneous \$14,864. For 2006: Reimb for health insurance benefits \$297,190; Health insurance stop loss claim payments \$22,373; Miscellaneous \$112. For 2007: Reimb for health insurance benefits \$306,648; Health insurance stop loss claim payments \$177,379; Miscellaneous \$277, for 2008: Reimb for health insurance benefits \$346,867; Miscellaneous \$465.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: WOODLAWN FOUNDATION; Employer identification number: 13 3055729

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, and Aggregate value at end of year. Includes Yes/No checkboxes for questions 5 and 6.

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

Conservation Easements section containing multiple-choice questions (1-9) and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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

Part III questions 1a, 1b, 2, a, b regarding art and historical treasures reporting requirements.

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Term endowment ▶%

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	7,132,408	0		7,132,408
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,132,408

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows and 3 columns. Row 1: Total revenue (Form 990, Part VIII, column (A), line 12). Row 2: Total expenses (Form 990, Part IX, column (A), line 25). Row 3: Excess or (deficit) for the year. Subtract line 2 from line 1. Row 4: Net unrealized gains (losses) on investments. Row 5: Donated services and use of facilities. Row 6: Investment expenses. Row 7: Prior period adjustments. Row 8: Other (Describe in Part XIV). Row 9: Total adjustments (net). Add lines 4-8. Row 10: Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12: (a) Net unrealized gains on investments, (b) Donated services and use of facilities, (c) Recoveries of prior year grants, (d) Other (Describe in Part XIV), (e) Add lines 2a through 2d. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1: (a) Investment expenses not included on Form 990, Part VIII, line 7b, (b) Other (Describe in Part XIV), (c) Add lines 4a and 4b. Row 5: Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25: (a) Donated services and use of facilities, (b) Prior year adjustments, (c) Losses reported on Form 990, Part IX, line 25, (d) Other (Describe in Part XIV), (e) Add lines 2a through 2d. Row 3: Subtract line 2e from line 1. Row 4: Amounts 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, (b) Other (Describe in Part XIV), (c) Add lines 4a and 4b. Row 5: Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D, Part X - Not applicable.

Dotted lines for supplemental information input.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization WOODLAWN FOUNDATION	Employer identification number 13 3055729
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	9	97,385	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential	✓	1	5,130,000	Appraisal
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Stmt 4)				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	1
---	----	---

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

WOODLAWN FOUNDATION

Employer identification number

13 | 3055729

Form 990, Part VI, Section A, Line 8b - The Board of Directors meet semi-annually from which written minutes of the meeting are prepared.

Form 990, Part VI, Section A, Line 10 - The Treasurer prepares and files Form 990.

Form 990, Part VI, Section B, Line 12c - Board members and officers of the Foundation revisit the policy during the Foundation's November Board meeting. Each Board member and officer disclose whether or not he or she has conflict of interest by means of a signed statement listing the conflicts, if any.

Form 990, Part VI, Section C, Line 19 - The organization's governing documents, conflict of interest policy, and financial statements are available for review in person during regular business hours at the Treasurer's office located at 524 North Avenue, Suite 203, New Rochelle, New York 10801-3410. No appointment is necessary. The organization will also send a paper copy of these documents via US Postal Service, or an electronic copy via e-mail, upon request and without charge.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- ▶ See separate instructions.

Name of the organization

WOODLAWN FOUNDATION

Employer identification number

13 3055729

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
<u>See Statement 5</u>					
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Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
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Part V Transactions With Related Organizations

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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		✓
1b	✓	
1c		✓
1d		✓
1e		✓
1f		✓
1g		✓
1h		✓
1i		✓
1j		✓
1k		✓
1l		✓
1m		✓
1n		✓
1o		✓
1p		✓
1q		✓
1r		✓

2 If the answer to any of the above is “Yes,” see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	Prelature of the Holy Cross and Opus Dei	b	\$55,000
(2)	The Trimount Foundation Inc	b	\$28,569
(3)			
(4)			
(5)			
(6)			

Statement 1 : Reasonable Cause Explanations

Statement 2 : Grants To Organization Outside US

Statement 3 : Description of Grants and Other Assistance to Governments and Organizations in the United States

Statement 4 : Description of Other Types of Property

Statement 5 : Description of Identification of Related Tax-Exempt Organizations

Statement 1

Form: 990

Page: 1

Line Number:

WOODLAWN FOUNDATION

13-3055729

Reasonable Cause Explanations

Explanation

The IRS has approved our application to extend the due date to file Form 990 to May 15, 2010. As that date falls on a Saturday, we are allowed to file on the next business day, which is May 17, 2010.

Statement 2

Form: Schedule F

Page: 2

Line Number: Part II Line 1

WOODLAWN FOUNDATION

13-3055729

Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
Region	East Asia and the Pacific	\$10,910	\$0
Grant	Construction of chapel in a conference center in the Philippines		
Cash Disbursement	Wire Transfer		
Non-Cash Assistance			
Valuation			

Statement 3

Form: Schedule I

Page: 1

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Association for Educational Development 5800 North Keating Avenue Chicago, IL 60646-6615	\$177,924	\$0
EIN	36-2649305		
IRC code section	501(c)(3)		
Method of valuation	Cash		
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Arnold Hall Inc 1 Randall Street North Pembroke, MA 02358	\$582,062	\$0
EIN	22-2936068		
IRC code section	501(c)(3)		
Method of valuation	Cash		
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Berkland Foundation Inc 1827 Oxford Street Berkeley, CA 94709-1800	\$121,700	\$0
EIN	94-3207717		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Castlewood Foundation Inc 5800 North Keating Avenue Chicago, IL 60646-6615	\$382,200	\$0
EIN	36-3309592		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Chaucer Drive Study Center Inc 5505 Chaucer Drive Houston, TX 77005-2931	\$227,500	\$0
EIN	76-0353042		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Chestnut Hill Foundation Inc 481 Hammond Street Chestnut Hill, MA 02467-1717	\$184,800	\$0

Statement 3

WOODLAWN FOUNDATION

EIN	04-3141919		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Crawford Foundation Inc 99 Overlook Circle New Rochelle, NY 10804-4501	\$319,300	\$0
EIN	13-3552064		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and acquisition of motor vehicle for grantee		
Name and address	Elmbrook Inc 25 Follen Street Cambridge, MA 02138-3502	\$119,900	\$0
EIN	22-2931400		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Euclid Foundation Inc 829 South Euclid Avenue Oak Park, IL 60304-1221	\$199,200	\$0
EIN	36-4295675		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Featherock Conference Center Inc 934 Holub Road Schulenburg, TX 78956-5324	\$113,988	\$0
EIN	74-2617384		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Grandevue Study Center Inc 1363 Shady Avenue Pittsburgh, PA 15217	\$117,292	\$0
EIN	25-1698294		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Acquisition of real property		
Name and address	Kingsland Foundation Inc 4415 Southwest 88th Avenue Miami, FL 33165-5976	\$111,403	\$0

Statement 3

WOODLAWN FOUNDATION

EIN	65-0299587		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement of physical plant of grantee		
Name and address	Layton Study Center Inc 12900 West North Avenue Brookfield, WI 53005-5217	\$170,600	\$0
EIN	39-1692100		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Lincoln Green Foundation Inc 715 West Michigan Avenue Urbana, IL 61801-4841	\$63,943	\$0
EIN	36-4145777		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operatons of grantee		
Name and address	Mathewson Foundation Inc 224 Bowen Street Providence, RI 02906	\$15,600	\$0
EIN	05-0450077		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Menlough Study Center Inc 1160 Santa Cruz Avenue Meno Park, CA 94025-5003	\$135,100	\$0
EIN	77-0438157		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Midtown Cultural Center Inc 1825 North Wood Street Chicago, IL 60622-1130	\$202,800	\$0
EIN	36-4093391		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Montevista Foundation Inc 345 East Summit Avenue San Antonio, TX 78212-3028	\$60,000	\$0
EIN	74-2618410		

Statement 3

IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Murray Hill Place Inc 139 East 34th Street New York, NY 10016-4704	\$1,020,465	\$0
EIN	13-3542148		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	The Nassau Foundation Inc 34 Mercer Street Princeton, NJ 08540-6808	\$156,930	\$0
EIN	13-3534894		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Oakcrest School 850 Balls Hill Road McLean, VA 22101	\$63,448	\$0
EIN	52-1182755		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Improvement to physical plant of grantee		
Name and address	Peninsula Foundation 765 Fourteenth Avenue San Francisco, CA 94118-3539	\$198,200	\$0
EIN	94-2943240		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Prelature of the Holy Cross and Opus Dei 139 East 34th Street New York, NY 10016-4704	\$55,000	\$0
EIN	13-3598550		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Reston Study Center Inc 1810 Old Reston Avenue Reston, VA 20190-3304	\$120,000	\$18,160
EIN	54-1826300		
IRC code section	501(c)(3)		
Method of valuation	Cash receipts of restricted contributions		

Statement 3

WOODLAWN FOUNDATION

Description of non-cash assistance	Forgiveness of loan		
Purpose of grant	Operations and construction of physical plant of grantee		
Name and address	Riverside Study Center Inc 330 Riverside Drive New York, NY 10025-3421	\$820,585	\$0
EIN	13-3547523		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and improvement to physical plant of grantee		
Name and address	Romana Bulletin Inc 524 North Avenue - Suite 200 New Rochelle, NY 10801-3410	\$12,500	\$0
EIN	13-4013243		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Roseaire Inc 14281 Gallagher Road Delray Beach, FL 33445-3280	\$51,050	\$0
EIN	65-0949421		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Expansion and improvement to grantee's physical plant		
Name and address	Rosemoor Foundation Inc 117 East 70th Street New York, NY 10021-5006	\$33,000	\$0
EIN	13-3281516		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations of grantee		
Name and address	Shellbourne Inc 359 West 200 North Valparaiso, IN 46385-7728	\$948,000	\$0
EIN	35-1266330		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Operations and expansion of grantee's physical plant		
Name and address	South Bronx Educational Foundation Inc 843 Crotona Park North Bronx, NY 10460-4701	\$5,100	\$0
EIN	13-3503819		
IRC code section	501(c)(3)		
Method of valuation			

Statement 3

WOODLAWN FOUNDATION

Description of non-cash assistance

Purpose of grant Operations of grantee

Name and address	Tenley Study Center Inc 4300 Garrison Street NW Washington, DC 20016-4099	\$166,100	\$0
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EIN 52-1545933

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations of grantee

Name and address	Tilden Study Center Inc 655 Levering Avenue Los Angeles, CA 90024-2308	\$177,800	\$0
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EIN 95-4301168

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations of grantee

Name and address	The Trimount Foundation Inc 661 Sunset Hill Road Randolph, VT 05060-9124	\$28,569	\$0
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EIN 04-6141144

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations and improvement to physical plant of grantee

Name and address	Trumbull Manor Inc 50 Rica Vista Novato, CA 94947-2021	\$55,700	\$0
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EIN 68-0235497

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations of grantee

Name and address	Warwick Foundation Inc 5090 Warwick Terrace Pittsburgh, PA 15213-3836	\$137,100	\$0
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EIN 25-1603855

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations and improvement to physical plant of grantee

Name and address	Wespine Study Center Inc 100 East Essex Avenue Kirkwood, MO 63122-4402	\$161,400	\$0
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EIN 43-1651179

IRC code section 501(c)(3)

Method of valuation

Description of non-

Statement 3

WOODLAWN FOUNDATION

cash assistance

Purpose of grant Operations and improvement to physical plant of grantee

Name and address	Westwood Study Center Inc 765 14th Avenue San Francisco, CA 94118-3539	\$24,600	\$0
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EIN 68-0235496

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations of grantee

Name and address	Windmoor Foundation Inc 1121 North Notre Dame Avenue South Bend, IN 46617-1342	\$171,400	\$0
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EIN 01-0788484

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations and improvement to physical plant of grantee

Name and address	Wingren Foundation Inc 3610 Wingren Drive Irving, TX 75062-4512	\$60,000	\$0
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EIN 75-2405572

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations of grantee

Name and address	Wyoming House Inc 2301 Wyoming Avenue NW Washington, DC 20008-1642	\$159,600	\$0
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EIN 52-1760051

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Operations of grantee

Statement 4

Form: Schedule M

Page: 1

Line Number: Part I Line 25-28

WOODLAWN FOUNDATION

13-3055729

Description of Other Types of Property

		lines on Part I	Contributions	Revenues
Description	Charitable Deduction of Charitable Gift Annuity	Yes	1	\$19,597
Method of determining revenues	IRC Sec. 7520(a) election made using Sept 4.2% AFR			
Description	Partial Forgiveness of No-Interest Loans	Yes	1	\$5,500
Method of determining revenues	Historical Cost			
Description	Assets Transferred from Expired Unitrusts	Yes	2	\$193,965
Method of determining revenues	Fair Market Value			

Statement 5

Form: Schedule R

Page: 1

Line Number: Part II

Description of Identification of Related Tax-Exempt Organizations

Name, address and EIN Heights Foundation Inc
524 North Avenue
Suite 203
New Rochelle, NY 10801-3410
526062426

Primary activities Religious

State or foreign country MD

Exempt code section 501(c)(3)

Public charity status 9

Direct controlling entity N/A

Name, address and EIN The Trimount Foundation Inc
481 Hammond Street
Chestnut Hill, MA 02467-1714
046141144

Primary activities Religious

State or foreign country MA

Exempt code section 501(c)(3)

Public charity status 9

Direct controlling entity N/A

Name, address and EIN Rockside Foundation
524 North Avenue - Suite 203
New Rochelle, NY 10801-3410
311538837

Primary activities Supporting Organization

State or foreign country OH

Exempt code section 501(c)(3)

Public charity status 11 Type I

Direct controlling entity N/A

Name, address and EIN Sauganash Foundation
524 North Avenue - Suite 203
New Rochelle, NY 10801-3410
311538838

Primary activities Supporting Organization

State or foreign country OH

Exempt code section 501(c)(3)

Public charity status 11 Type I

Direct controlling entity N/A

Name, address and EIN Prelature of the Holy Cross and Opus Dei
139 East 34th Street
New York, NY 10016-4704
133598550

Primary activities Religious

State or foreign country NY

Exempt code section 501(c)(3)

Public charity status 1

Direct controlling entity N/A
