# 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

202

OMB No. 1545-

Form **990** (2020)

Cat. No. 11282Y

foundation Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021 C Name of organization WOODLAWN FOUNDATION D Employer identification number **B** Check if applicable: Address change 13-3055729 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 56 Harrison Street - Suite 401 (914) 632-3778 Application pending City or town, state or province, country, and ZIP or foreign postal code New Rochelle, NY  $\,$  108016560 G Gross receipts \$ 30.918.667 F Name and address of principal officer: **H(a)** Is this a group return for Anthony M McCarthy subordinates? 56 Harrison Street **H(b)** Are all subordinates Suite 401 included? New Rochelle, NY 108016560 If "No," attach a list. (see instructions) Tax-exempt status:  $\checkmark$  501(c)(3)  $\sim$  501(c) ( )  $\checkmark$  (insert no.)  $\sim$  4947(a)(1) or  $\sim$  527 **H(c)** Group exemption number ▶ Website: woodlawnfoundation.org L Year of formation: 1979 M State of legal domicile: NY K Form of organization: Corporation Trust Association Other Summary 1 Briefly describe the organization's mission or most significant activities: Woodlawn Foundation Inc solicits contributions and provides grants to nonprofit organizations that receive pastoral care from the Catholic Prelature of Opus Dei Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 7h 0 Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 16,281,068 22,804,872 9 Program service revenue (Part VIII, line 2g) . . 270,821 86,962 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 991,245 2,157,840 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,543,134 25,049,674 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 17,923,873 16,724,925 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 424,286 424,588 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) 39,368 1,324,162 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,116,242 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,464,401 18,473,675 Revenue less expenses. Subtract line 18 from line 12 . -1,921,267 6,575,999 Assets or d Balances Beginning of Current **End of Year** Year 44,233,723 58,943,273 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 3,274,444 3,636,239 40,959,279 Net assets or fund balances. Subtract line 21 from line 20 . 55,307,034 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. 2022-07-13 Signature of officer Sign Arthur Kim Rivera Treasurer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if **Paid** self-employed Firm's name Firm's EIN 🕨 **Preparer Use Only** Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

#### Form 990 (2020) **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . . . . . . . 4 Νo Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Νo Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Νo 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Yes Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Νo 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Νo permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 5 . . . . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a fighter of the tax year? If "Yes," complete 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🐒 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🥦

VIII, IX, or X as applicable.

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2020)

Νo

Nο

Νo

Nο

Νo

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Nο

Nο

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20a

20b

Page 3

Form	990 (2020)			Page
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Yes

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Yes

Yes

Form **990** (2020)

Yes

Νo

Νo

Nο

Νo

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Nο

Nο

Νo

Nο

Nο

Nο

No

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

អ៊ីដើ<del>បីណ</del>េ*ី សម្រាជាខ្*រីឌី ទែកទ្រវីម៉ាស៊ីខ ខិត្តវិទីការ other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

អ៊ីរ៉េត្<sup>ក</sup>អ៊ីត សម្រាស់ខ្លែង ទីក្រុម នៃ "terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part l* 

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

₩asena complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V .

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

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Part V

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

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 .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
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 e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
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		
	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, securities account, or other financial	4a		No
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	$\widehat{W}$ organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5</b> c		
	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		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
а	services provided to the payor?	/a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	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		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	<b>7</b> h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16		16		No
	If "Yes," complete Form 4720, Schedule O.	F	orm <b>990</b>	(2020)

year by the following:

Section C. Disclosure

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(2	.020)															
(	Governance	, Manag	gement,	and	Disclosure	For each	"Yes"	" response	to lines	2 throu	gh 7Ł	b below,	and for a	"No"	response	to lines
	01 101															

on A. Governing Rody and Management			
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	 		
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			

check if Schedule o contains a response of note to any line in this rait vi	•	•		•	•	•	•	•	•	•	•
Section A. Governing Body and Management											
									Y	es	1
1a Enter the number of voting members of the governing body at the end of the tax	1a						7				
Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee											

				Yes	Ne
1a	Enter the number of voting members of the governing body at the end of the tax	1a	7		
	$Y^{e}$ filter are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>L</b>	Enter the number of voting members included in line 12, above, who are			1	ı

Enter the number of voting members included in line 1a, above, who are

Did the organization make any significant changes to its governing documents since the prior Form 990 was

Blathe organization become aware during the year of a significant diversion of the organization's assets? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

**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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

**10a** Did the organization have local chapters, branches, or affiliates? . . . .

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

Did the organization have a written whistleblower policy? . . . . .

Other officers or key employees of the organization . . . . .

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

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

interest policy, and financial statements available to the public during the tax year.

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

organization's mailing address? If "Yes," provide the names and addresses in Schedule O  $\,$  .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**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? . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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

State the name, address, and telephone number of the person who possesses the organization's books and records:

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

Did the organization have members or stockholders? . . . .

**b** Each committee with authority to act on behalf of the governing body?

1b 

Did the organization delegate control over management duties customarily performed by or under the direct

2 3 supervision of officers, directors or trustees, or key employees to a management company or other person?

4

**7**a

7b

8a

8b

9

10a

10b

11a

12a

12b

12c 13

15a

15b

16a

16b

Yes

Nο

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N	
N	
N	
N	
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Nο

No

. . . . . . . . . . . . .

Part VII

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

. . . . . . . . .

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more perso	than on is	one bot	not box h ar	check, unling office ustee Highest compensated	ess er	(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
(1) Gregory A Byrnes Secretary	30	х		X				67,500	0	0
(2) Michael A Coan  Executive Director and Vice President	30 5	Х		х				17,570	0	15,000
(3) Arthur Kim C Rivera Treasurer	35 5	X		X				17,570	0	15,000
(4) Anthony M McCarthy President	0.5	Х		X				0	0	0
(5) Charles Cushnie	10	Х		X				0	0	0
(6) Edwin S Tecarro Vice President	10	Х		X				0	0	0
(7) John M Wildes Vice President	10	Х		X				0	0	0
										Form <b>990</b> (2020)
										FUTIII <b>990</b> (2020)

\$100,000 of compensation from the organization 1

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	Average Position (do not check more than one box, unless veek (list person is both an officer and a director/trustee)  Average Position (do not check Reportable compensation from the organization (W-2/1009_MISC)								(E) Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	(W-2/1099- MISC)	organiza rela organiz	ted
c T	ub-Total	rt VII, Section A					* * *			102,640	0		30,000
2	Total number of individuals (includi \$100,000 of reportable compensat					d ab	oove)	who	received	l more tha	n		
3	Did the organization list any <b>forme</b> on line 1a? If "Yes," complete Scheo							ee, o	or highest	compens		Yes	No
4	For any individual listed on line 1a, organization and related organizat individual	is the sum of r	eportab	le co	mpe	ensa	tion a				from the	4	N o
5	Did any person listed on line 1a recservices rendered to the organizati									inization o	r individual for		
Se	ction B. Independent Contra		ipiete 3	criedi	uie 3	101	sucii į	0013	<i>on</i>	• •		5	No
1	Complete this table for your five h compensation from the organization												·
Bank	Name of New York Mellon	(A) and business addre	ess							Desc Investment	(B) ription of services		nsation 148,760
200 Pa 54th F	ark Avenue									mvesemene	advisor		110,700
<b>2</b> T	otal number of independent contract	tors (including t	out not	limite	ed to	o the	ose lis	ted	above) w	ho receiv	ed more than		

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

Part		t of Reven		ponse or note to	any line in this Par			П
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s 2	<b>1a</b> Federated camp	aigns	1a	0				
Gifts, Grants ilar Amounts	<b>b</b> Membership due		1b	0				
P. F	<ul><li>c Fundraising eve</li><li>d Related organization</li></ul>		1c	0				
92	=		1d 1e	0				
Contributions, Giff and Other Similar								
	f All other contribution and similar amounts	ns, gifts, grants, s not included	1.5	22,804,872				
	above g Noncash contribution	ns included in	1f	22,804,872				
	lines 1a - 1f:\$	4 . 46	<b>1</b> g	2,156,923				
	<b>h Total.</b> Add lines	1a-1f		•	22,804,872			1
	2a Health insurance rei	mbursement		Business Code 524292	55,714	55,714	C	0
Program Service Revenue	<b>b</b> Activity fees			900004	19,780	19,780	C	0
æ	c Interest on program	related loans		20004	11,468	11,468	C	0
arvice				900004				
am Se	d							
ogra	е							
₫.	<b>f</b> All other program	m service rev	enue.		0	0	C	0
	<b>9 Total.</b> Add lines	s 2a-2f		86,962				
	3 Investment incom	ne (including	dividends	, interest, and	404,12	3	0	404,123
	otner <b>4</b> 9incilareamounitale	stment of tax	c-exempt	bond proceeds	:	0	0 (	0
	<b>5</b> Royalties			•		0	0 (	0
		(i)	Real	(ii) Personal				
	<b>6a</b> Gross rents	6a						
	<b>b</b> Less: rental	6b						
	expenses c Rental	6c	0		0			
	income or <b>d</b> (Nets)ental incor				0			
			curities	(ii) Other►				
	<b>7a</b> Gross amount from sales of assets other than inventory	7a	7,622,710		0			
	b Less: cost or other basis and sales expenses	7b	5,868,993		0			
	c Gain or (loss)	7c	1,753,717		0			
	<b>d</b> Net gain or (los	ss)		<b>&gt;</b>	1,753,71	7	0	1,753,717
Other Revenue	8a Gross income from (not including \$ contributions report See Part IV, line 18  b Less: direct exp c Net income or (I	ed on line 1c).	of . 8a 8b	events				
the			<u> </u>	•				
0	9a Gross income from activities. See Part IV, line b Less: direct exp	19 Denses	9a 9b	ition				
	<b>c</b> Net income or (I	uss) from gai	ming activ	rities 🍃				
	105 Cross sales of in	wontory loss	.					

returns and allowances	10a					
<b>b</b> Less: cost of goods sold	10b					
c Net income or (loss) from sales of	inve	ntory				
		<b>&gt;</b>				_
Miscellaneous Revenue		Business Code				
11a						
b						
с						
<b>d</b> All other revenue						
e Total. Add lines 11a-11d	•		0			
12 Total revenue. See instructions .		• • • •	25,049,674	86,962	0	2,157,840

2,157,840 Form **990** (2020)

Forr	m 990 (2020)				Page <b>10</b>
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must				
	Check if Schedule O contains a response or note to	any line in this Part			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,671,267	15,671,267		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	11,385	11,385		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,042,273	1,042,273		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	98,839	10,618	86,628	1,593
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				-
7	Other salaries and wages	224,231	24,088	196,529	3,614
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	76,803	8,251	67,314	1,238
	Payroll taxes	24,715	2,655	21,662	398
	Fees for services (non-employees):		-		
	Management	246,809	0	244,164	2,645
	D Legal			•	· · · · · · · · · · · · · · · · · · ·
	Accounting	58,106	0	35,875	22,231
	Lobbying			•	· ·
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	176,260	0	176,260	0
	Other (If line 11g amount exceeds 10% of line 25,		•		
2	column (A) amount, list line 11g expenses on Schedule  O)				
12	Advertising and promotion				
13	Office expenses	26,845	2,829	23,077	939
14	Information technology	8,897	956	7,798	143
15	Royalties				
16	Occupancy	79,136	8,502	69,359	1,275
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings	93,385	93,385	0	0
	Interest	18,252	1,961	15,997	294
	Payments to affiliates				
	Depreciation, depletion, and amortization	1.050	10.5	0.550	
	Insurance	4,062	436	3,560	66
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Healthcare benefits to Opus Dei clergy and full-time directors	571,148	571,148	0	0
	<b>b</b> Charitable gift annuity expense	28,137	28,137	0	0
	c Bad debt	6,157	0	6,157	0
	<b>d</b> Contribution refund	4,899	0	0	4,899
	e All other expenses	2,069	222	1,814	33
25	Total functional expenses. Add lines 1 through 24e	18,473,675	17,478,113	956,194	39,368
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).				
					Farm 000 (2020)

Forr	n 990	(2020)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or	note t	o any line in this Part IX .			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,030,351	1	3,994,494
	2	Savings and temporary cash investments			3,063,436	2	7,762,202
	3	Pledges and grants receivable, net		191,254	3	191,254	
	4	Accounts receivable, net		333,051	4	187,652	
	5	Loans and other payables to any current or fo key employee, creator or founder, substantial			5		
	6	controlled entity or family member of any of t Loans and other receivables from other disquunder section $4958(f)(1)$ , and persons desc		6			
S	7	Notes and loans receivable, net	283,000	7	283,000		
et	8	Inventories for sale or use			8		
Assets	9	Prepaid expenses and deferred charges .	Prepaid expenses and deferred charges				13,670
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	99,802			
	b	Less: accumulated depreciation	10b	99,802	0	10c	0
	11	Investments—publicly traded securities .			24,821,317	11	33,376,388
	12	Investments—other securities. See Part IV, Ii	ne 11		6,655,607	12	6,165,302
	13	Investments—program-related. See Part IV, I	ine 11		675,538	13	1,803,663
	14	Intangible assets	Intangible assets			14	
	15	Other assets. See Part IV, line 11  Total assets: Add lines 1 through 15 (must equal line 33)			5,165,648	15	5,165,648
	16				44,233,723	16	58,943,273
	17	Accounts payable and accrued expenses .	•		48,820	17	0
	18 Grants navable				18		

tios	2
idei	

Net Assets or Fund Balances

31

32

33

23 24

25

26

		other basis. Complete Part VI of Schedule D	10a				99,802	
	b	Less: accumulated depreciation	10b				99,802	
	11 Investments—publicly traded securities .							
	12	Investments—other securities. See Part IV, Ii	ne 11					
	13	Investments—program-related. See Part IV, li	ne 11					
	14	Intangible assets						
	15	Other assets. See Part IV, line 11						
_	16	Total assets: Add lines 1 through 15 (must equal line 33)						
	17	Accounts payable and accrued expenses .						
	18	Grants payable						
	19	Deferred revenue						
	20	Tax-exempt bond liabilities						
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D						
oilitie	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						

controlled entity or family member of any of these persons

parties, and other liabilities not included on lines 17 - 24).

**Total liabilities.** Add lines 17 through 25 . .

Complete Part X of Schedule D

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Net assets without donor restrictions . . . . . . . . . Net assets with donor restrictions

lines 27, 28, 32, and 33.

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here 🕨 🔽 and complete

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds . . . . . Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third

	5,165,648	15	5,165,648
	44,233,723	16	58,943,273
	48,820	17	0
		18	
		19	
		20	
		21	
,			
	65,693	22	65,693
	1,051,174	23	1,681,799
	1,609,653	24	1,409,653
	499,104	25	479,094
	3,274,444	26	3,636,239
	35,310,702	27	55,307,034
	5,648,577	28	0
		29	
		30	

31

32

55,307,034

58.943.273

Form 990 (2020)

40,959,279

44.233.723

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Separate basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Single Audit Act and OMB Circular A-133? За

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Νo

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

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Form 990 (2020)

Form 990 (2020)		
Additional Data		Return to Form
	<b>Software ID:</b> 20012124	
	Software Version: v1.00	
Form 990, Special Condition	on Description:	
	Special Condition Description	

### (Form 990 or 990EZ) Department of the Treasury

Name of the organization

WOODLAWN FOUNDATION

Form 990 or 990-EZ.

**SCHEDULE A** 

### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

Inspection

OMB No. 1545-0047

**Employer identification number** 13-3055729 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> 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 <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)							
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ection 170(b)(:	1)(A)(v).		
7	V	An organization that no described in <b>section 1</b> ?	•			om a governme	ntal unit or from the g	eneral public	
8		A community trust des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(vi).	(Complete Par	t II.)			
9		An agricultural researd university or a non-lan							
10		An organization that no receipts from activities from gross investment organization after June	related to its income and u	exempt functions—su Inrelated business tax	ibject to certair able income (le	n exceptions, a ess section 511	nd (2) no more than 3	31/3% of its support	
11		An organization organi	zed and opera	ted exclusively to test	for public safe	ty. See <b>section</b>	1 509(a)(4).		
12		An organization organizone or more publicly sthe box in lines 12a th	upported orgai	nizations described in	section 509(a)	(1) or section !	<b>509(a)(2).</b> See <b>sectio</b> r	<b>509(a)(3).</b> Check	
а		<b>Type I.</b> A supporting of supported organization organization. <b>You mus</b>	(s) the power	to regularly appoint o	r elect a majori				
b		<b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). <b>You must complete Part IV, Sections A and C.</b>							
С		<b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <b>You must complete Part IV, Sections A, D, and E.</b>							
d		Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
e		Check this box if the o integrated, or Type III	-				is a Type I, Type II, Ty	pe III functionally	
f	Enter	the number of supporte	ed organization	ns			· · · · · · · · <u> </u>		
g	(1) N	Provide the following in					( ) ( ) ( )	( *	
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
1- 10 above (see instructions))					No				
		, , , , , , , , , , , , , , , , , , ,							
Tota		vault Dadwatian Ast Nati	th- T		Cat No. 1120		Schodulo A (Form	000 er 000 EZ\ 2020	

92,001,535

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Section A. Public Support

membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge...

(or fiscal year beginning in) Gifts, grants, contributions, and

Total. Add lines 1 through 3 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 **Public support.** Subtract line 5 from

Section B. Total Support

securities loans, rents, royalties and income from similar sources

(or fiscal year beginning in)

Amounts from line 4. . 8 Gross income from interest, dividends, payments received on

Net income from unrelated business activities, whether or not the business is regularly

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . **Total support.** Add lines 7 through

carried on. .

Calendar year

line 4.

Calendar year

0-EZ)	2020	

(a) 2016

(a) 2016

**(b)** 2017 17,234,889 23,172,570

12,508,137

(c) 2018

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

(d) 2019

16,281,068

16,281,068

441.986

16,281,068

(e) 2020

12

14

15

Schedule A (Form 990 or 990-EZ) 2020

22,804,871

404,123

(e) 2020

22,804,871

(f) Total

22,804,871

(f) Total

92,001,535 9,017,349

82,984,186

92,001,535

2,292,919

94,294,454

1,758,689

88.005 %

90.960 %

17,234,889

17,234,889

478,591

23.172.570

23,172,570

452,404

**(b)** 2017

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

h 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  $\ldots\ldots\ldots\ldots\ldots\ldots$ 

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

Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

(c) 2018

12,508,137

12,508,137

515,815

(d) 2019

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2020. 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

	dule A (Form 990 or 990-EZ) 2020						Page
P	Support Schedule f						
	(Complete only if you						fy under Part
_	II. If the organization	fails to qualify	y under the te	sts listed below	ı, please compl	ete Part II.)	
	ection A. Public Support		T	T	_	1	1
	endar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in)	. ,	. ,	1,,	. ,	,	,
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						
	T			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
_	The section of the se						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.			+			
	Add lines 7a and 7b.						
8	<b>Public support.</b> (Subtract line 7c						
-	from line 6.)						
	ection B. Total Support	Т	1		Т	1	1
	endar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in) 🕨	. ,	. ,	, ,	, ,	,	,
9	Amounts from line 6						
.0a	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.				+		1
С	Add lines 10a and 10b.		ļ	1			
11	Net income from unrelated						
	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1	1		1	1
13	<b>Total support.</b> (Add lines 9, 10c,						
	11, and 12.).		1	1			<u> </u>
14	First 5 years. If the Form 990 is for t						
	check this box and <b>stop here</b>	<u> </u>	<u></u> .	<u></u> .	<u></u> .	<u> </u>	▶
Se	ection C. Computation of Publ	ic Support P	ercentage	<u> </u>			<u> </u>
15	Public support percentage for 2020 (			2 13, column (f))		. 15	
	Public support percentage from 201	•	•				
16						16	
Se	ection D. Computation of Inve						
17	Investment income percentage for 2	<b>2020</b> (line 10c, co	olumn (f) divided	by line 13, colur	nn (f))	. 17	
18	Investment income percentage from	2019 Schedule	A, Part III, line	17		18	
	<b>331/3% support tests—2020.</b> If the o	rganization did r	not check the bo	x on line 14, and	line 15 is more tl		line 17 is not
	more than 33 1/3%, check this box ar						

b 33 1/3% support tests—2019. 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 . . . . 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**Substitutions only.** Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

**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

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

	(Complete only if you checked a
cked	hox 12h of Part I com

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

	(Complete only if you checked a
hecked	box 12b, of Part I, con
to a set of the	121 (5.1.1.

⁄es	No

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

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 lines 11b and 11c			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c		11c		
S	ection B. Type I Supporting Organizations		ı	
	/ 11 3 3		Yes	No
1	Did the officers, 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 tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			
	cetton of Type 12 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 <b>Part VI</b> how control or	1		
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
_ <u>S</u>	ection <sup>z</sup> b <sup>:o</sup> Afi <sup>)</sup> Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	_
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in line 2a 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Section A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2020

1

(B) Current Year

(A) Prior Year

Page 6

				(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (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 0.015 of line 3 (for greater amount, see instructions). $ \\$	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

7

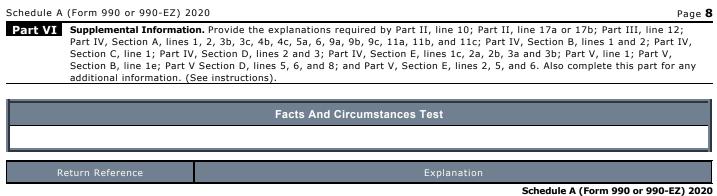
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**e** Excess from 2020. . . .

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

(continued)

Part V Type III Non-Functionally Integrat	ed 509(a)(3) Support	ting	(0	ontinue	·
Section D <sup>Qr</sup> <b>ย่า</b> รนำสินิสิชิกิร		1			Current Year
1 Amounts paid to supported organizations to accompli	ish exempt purposes		1		
2 Amounts paid to perform activity that directly further	s exempt purposes of suppo	rted			
organizations, in	s exempt purposes or suppo		2		
excess of income from activity					
3 Administrative expenses paid to accomplish exempt	purposes of supported organ	nizations	3		_
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in <b>Part V</b>	<b>'I</b> )	5		
6 Other distributions (describe in Part VI). See instruc	tions	-	6		
,	110113				
7 Total annual distributions. Add lines 1 through 6.			7		
<b>8</b> Distributions to attentive supported organizations to (provide	which the organization is re		8		
details in <b>Part VI</b> ). See instructions			•		
9 Distributable amount for 2020 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
·		(ii)			(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistr	ibuti	ons	Distributable
(366 matractions)		Pre-20	020		Amount for 2020
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2020					
(reasonable cause required $explain$ in ${\it Part VI}$ ).					
See instructions.					
3 Excess distributions carryover, if any, to 2020:					
<b>a</b> From 2015					
<b>b</b> From 2016					
<b>c</b> From 2017					
d From 2018 e From 2019					
f Total of lines 3a through e					
<b>g</b> Applied to underdistributions of prior years					
<b>h</b> Applied to 2020 distributable amount					
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2020 from Section D, line 7:					
\$					
a Applied to underdistributions of prior years					
<b>b</b> Applied to 2020 distributable amount					
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2.					
If the amount is greater than zero, explain in <b>Part VI</b>					
. Coo instructions					
See instructions.  6 Remaining underdistributions for 2020. Subtract					
lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.					
7 Excess distributions carryover to 2021. Add lines					
3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2016					
<b>b</b> Excess from 2017					
<b>c</b> Excess from 2018 <b>d</b> Excess from 2019					
- LACESS HUIII 2017:					



## Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

To the latest mioritation.

2020
Employer identification number

13-3055729

OMB No. 1545-0047

Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
General Rule	), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
	any one contributor. Complete Parts Fand II. See instructions for determining a contributor's total contributions.
Special Rules	
under sections 509(a)	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^{1}/3\%$ support test of the regulations $I(1)$ and $I(1)$ are section of the greater of $I(1)$ and $I(1)$ are section $I(1)$ are section $I(1)$ are section $I(1)$ and $I(1)$ are section $I(1)$ and $I(1)$ are section
during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
during the year, contri this box is checked, e purpose. Don't compl	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ibutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., etc any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year

990-EZ, or 990-PF).

Internal Revenue Service

Name of the organization

WOODLAWN FOUNDATION

Organization type (check one):

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

Name of organization WOODLAWN FOUNDATION

Employer identification number

13	3055729	

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	* RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(d)

Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

(c) FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

13-3055729

**Employer identification number** 

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

No. from

Part I

Part I

Description of noncash property given

Part I (a)

No. from Part I

(a)

Description of noncash property given

Description of noncash property given

(b)

Description of noncash property given

(b)

Description of noncash property given

(b)

(b)

Description of noncash property given

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
	rganization WN FOUNDATION		Employer identification number
	WN TOUNDATION		13-3055729
Part III	Exclusively religious, charitable, etc., contributed more than \$1,000 for the year from an line entry. For organizations completing Pa of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	y one contributor. Complete co art III, enter the total of exclusive formation once. See instruction	lumns (a) through (e) and the following ely religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gift	
-	Transferee's name, address, and ZIP		ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relat	ionship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2020



### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

Name of the organization

WOODLAWN FOUNDATION

(Form 990)

### **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.

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

2020

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

				3-3055729	
Pā	organizations Maintaining Donor			s or Accounts	<b>5.</b>
	Complete if the organization answered	(a) Donor advise		(h) Funds and	other accounts
1	Total number at end of year	(a) Bollot daviso	.a ranas	(b) runus unu	other decounts
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 ad	visors in writing that the a	ssets held in donor ac	dvised funds are	
	the organization's property, subject to the organiza	_			Yes No
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	onor or donor advisor, or fo	r any other purpose c	onferring	Yes No
Pa	Complete if the organization answered	"Voc" on Form 000 Da	rt IV ling 7		
1	Complete if the organization answered  Purpose(s) of conservation easements held by the				
•	Preservation of land for public use (e.g., recreat	= -	reservation of an hist	orically importan	t land area
	Protection of natural habitat	P	reservation of a certif	fied historic stru	cture
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation	contribution in the fo	or <u>m of a conserva</u>	tion
	easement on the last day of the tax year.				End of the Year
a	Total number of conservation easements			+	
Ь	Total acreage restricted by conservation easement	5	2b		
c	Number of conservation easements on a certified hi	storic structure included in	n (a) <b>2c</b>		
d	Number of conservation easements included in (c) a historic structure listed in the National Register		d not on a 2d		
3	Number of conservation easements modified, transf tax year	erred, released, extinguish	ed, or terminated by	the organization	during the
4	Number of states where property subject to conser	vation easement is located	ı <b>&gt;</b>		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ea			of Ye	es No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling of viola	tions, and enforcing c	conservation ease	ments during the
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations	, and enforcing conse	rvation easemen	s during the year
8	Does each conservation easement reported on line $(B)(i)$ and section $170(h)(4)(B)(ii)$ ?			170(h)(4)	es No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organ			
Pa	Organizations Maintaining Collect Complete if the organization answered	ions of Art, Historica		Other Similar	Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footnot	neld for public exhibition, e	ducation, or research	in furtherance o	
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets helprovide the following amounts relating to these iter	d for public exhibition, edu			
	(i) Revenue included on Form 990, Part VIII, line $1\cdot$			<b>&gt;</b> \$	0
(	ii) Assets included in Form 990, Part X			<b>&gt;</b> \$	107,503
2	If the organization received or held works of art, his following amounts required to be reported under FA	· ·		ancial gain, provi	de the
а	Revenue included on Form 990, Part VIII, line 1 .			<b>&gt;</b> \$	0
b	Assets included in Form 990, Part X			<b>&gt;</b> \$	7,950
or	Paperwork Reduction Act Notice, see the Instruction		Cat. No.		e D (Form 990) 202

3	Using the organization's acquisition, access	sion, and ot	her reco	rds, check	any of	the foll	owing that	are a signifi	cant use of	its	
а	collection items (check all that apply):  Public exhibition			d ┌	Loan	or exc	hange pro	arams			
b	Scholarly research			e 🔽				future chapel	S		
С	Preservation for future generations										
4	Provide a description of the organization's of	collections	and expla	ain how th	ey furth	ner the	organizatio	on's exempt p	ourpose in		
_	Part XIII.										
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be mair	ntained a						Yes	✓ No	
Pa	rt IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.			Form 990	), Part	IV, lin	e 9, or re	ported an a	amount or	n Form	າ 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								Yes	□ No	
b	If "Yes," explain the arrangement in Part X	III and com	plete the	e following	table:			Aı	mount		_
С	Beginning balance						<b>1</b> c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				<del></del>
2a	Did the organization include an amount on	Form 990	Part X I	ine 21 for	escrow	ı or ciis	todial acco	unt liahility?	Yes	No	<del></del>
	• • •										
b	If "Yes," explain the arrangement in Part X	III. Check	here if th	ne explana	tion ha	s been ¡	provided ii	n Part XIII .	□		
Pā	art V Endowment Funds.										
	Complete if the organization and							(d) Three year	ana baak (a)	Fa	ara baak
12	Beginning of year balance	(a) Curr	ent year	(b) Prio	ir year	(c) IW	o years baci	(a) Three yea	ars back (e)	rour ye	dis Dack
	Contributions										
	Net investment earnings, gains, and losses										
٠	Net investment earnings, gams, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent year (	end balar	nce (line 1	g, colur	nn (a))	held as:				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment 🕨										
	The percentages on lines 2a, 2b, and 2c st	nould equal	100%.								
3a	Are there endowment funds not in the poss organization by:	ession of th	ie organi	zation tha	are he	ld and a	administer	ed for the		V	N-
	(i) Unrelated organizations								3a(i)	Yes	No
	(ii) Related organizations				· . · .		•		3a(ii)		
b									3b		
_	Describe in Doub VIII the intended once of the				£						
4	Describe in Part XIII the intended uses of t		ation's e	ndowment	runds.						
Рa	rt VI Land, Buildings, and Equipm Complete if the organization and		es" on l	Form 990	) Part	TV line	e 11a Se	e Form 990	) Part X	line 1	Ω
	Description of property  (a) Cost or oth (investment)	er basis						depreciation		ook valu	
12	Land	0				0					0
	Buildings	0				0		0			0
	Leasehold improvements	0			38,62			38,622			0
	Equipment	61,180				0		61,180			0
<b>u</b>	-qu.p.//onc		1			1		,			

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

0

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" o	n Form 990. Part IV. I	ine 11h See Form 9	90. Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method	d of valuation:
(1) Financia	(including name of security) al derivatives		Cost or end-of	-year market value
(2) Closely	-held equity interests			
(A) Linx Par		3,922,685		F
(B) Abdiel (	Qualified Offshore Partners Ltd	2,242,617		F
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Colum Part	Investments—Program Related.	6,165,302		
VIII	Complete if the organization answered 'Yes' o	n Form 990, Part IV, I		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market
(2)				value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	an (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets.	- Forms OOO Port IV li	no 11d C	2. De l. V. Per 45
	Complete if the organization answered 'Yes' or (a) Description	T FORM 990, Part IV, III	ne 11u. See Form 990	(b) Book value
	nte in Virginia ete in Wisconsin			3,530,000 700,000
	eld in trust			820,195
(4)Religious (5)Jewelry	s art			107,503 7,950
(6)				7,330
(7)				
(8)				
(9)				
(10)				
	(h) much and Same 000, Back V, and (D) line 15			F 10F 040
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.		<u> </u>	5,165,648
	Complete if the organization answered 'Yes' or See Form 990, Part X, line 25.	n Form 990, Part IV, lii	ne 11e or 11f.	
1.	(a) Description of I	liability		(b) Book value
(1) Federal (3)	income taxes			0
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	on (b) must equal Form 990, Part X, col.(B) line 25.)	1.61.6.4	<b>.</b>	479,094
	for uncertain tax positions. In Part XIII, provide the ten's liability for uncertain tax positions under FIN 48 (A			

3

5

1

2

3

Part XIII

Part XII

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . . . .

Add lines **4a** and **4b** . . . . . . . . . .

Add lines 2a through 2d . . . . . . . .

Subtract line **2e** from line **1** . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Other losses . . . . . . . . . .

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

c Add lines 4a and 4b . . . .

Supplemental Information

Return Reference

Schedule D, Part III, Line 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 2e

3

4c

5

1

2e

3

4c

Schedule D (Form 990) 2020

Page 4

	Return.	•	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
L	Total revenue, gains, and other support per audited financial statements	1	

- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
- Net unrealized gains (losses) on investments . . . .
- 2b Donated services and use of facilities . . . . . .

- 2c

- Other (Describe in Part XIII.) 2d

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

. . . . . . . . . . . .

4a

4h

2a

2b

2c

2d

4a

4b

Explanation

Paintings, sculptures, stained glass windows, and architectural details of a religious, devout motif: The Woodlawn Foundation purchased these artifacts between 1991 and 1999 from church buildings that were closed and were being demolished. These acquisitions directly further our exempt purpose function by making works of religious art available for installation in future chapels of centers of the Opus Dei Prelature. Jewelry: The Woodlawn Foundation acquired personal jewelry in 2012 and 2016 by donation from private individuals who support our exempt purpose functions. The Foundation intends to

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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, line

dispose these items for cash at a convenient, future date.

(Form 990)
Department of the Treasury Internal Revenue Service
Name of the organiza WOODLAWN FOUN
Part I Conor

c Totals (add lines 3a and 3b)

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

**SCHEDULE F** 

### ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**Statement of Activities Outside the United States** 

Open to Public Inspection

OMB No. 1545-0047

2020

Intern	al Revenue Service									
	e of the organization					Employer ident	ification number			
woc	DDLAWN FOUNDATION					13-3055729				
Pa	rt I General Informati	ion on Activit	ties Outside t	the United States. C	omplete		ation answered			
	"Yes" on Form 990,					g				
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants									
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used									
	to award the grants or assistance?									
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.									
3	Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)									
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program	vity listed in (d) is a n service, describe ecific type of e(s) in the region	(f) Total expenditures for and investments in the region			
(1)										
( 2)										
(3)										
(4)										
( 5)										
(6)										
(7)		+								
(8)		+								
(9)		+								
( 10)										
( 11)										
12)										
13)										
(										
14)										
15)										
16)		_								
17)										
	Sub-total Total from continuation sheets to Part I									

Cat. No. 50082W

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000, Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	арричана	Europe (including Iceland and Greenland)	operations of four nonprofit organizations in Italy that receive pastoral care from the Roman Catholic Prelature of Opus Dei	741,973	wire transfer	0		
(2)		Europe (including Iceland and Greenland)	Construction of museum building at Universidad de Navarra in Spain. Scholarships for underprivileged undergraduate students of Universidad de Navarra in Spain.	155,000	wire transfer	0		
(3)		Central America and the Caribbean	operations of a nonprofit student residence in Nicaragua that receives pastoral care from the Roman Catholic Prelature of Opus Dei	60,000	wire transfer	0		
(4)		Russia and the newly independent States		45,000	wire transfer	0		
( 5)			Opus Dei					
( 6)								
(7)								
(8)								
( 9)								
( 10)								
11)								
( 12)								
13)								
14)								
15)								
( 16)								

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

3 Enter total number of other organizations or entities .

7

0

programs of Opus Dei in

Venezuela

(2) (3) (4) (5) (6) (7)

(9)

( 10) ( 11)

12) ( 13)

( 14)

15) (16) (17) (18)

Schedule F (Form 990) 2020

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Grant to Regional Vicar of the Opus Dei Prelature in Venezuela, to support ongoing	South America	1	35,300	wire transfer	0		

Sche	edule F (Form 990) 2020	Page <b>4</b>
Par	rt IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>▼</b> N o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	<b>✓</b> N o
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<b>✓</b> N o
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>▼</b> N o
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>▼</b> N o
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	<b>▼</b> N o

Schedule F	(Form 990) 2020	Page <b>5</b>
Part V	method; amounts of invest (accounting method); and	tion equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting stiments vs. expenditures per region); Part II, line 1 (accounting method); Part III I Part III, column (c) (estimated number of recipients), as applicable. Also complete dditional information. See instructions.
	ReturnReference	Explanation
-		
n (i ti		
-		
		Schedule F (Form 990) 2020

# Additional Data Software ID: 20012124 Software Version: v1.00

WOODLAWN FOUNDATION

Department of the

Treasury Internal Revenue Service

Name of the organization

5800 North Keating Avenue

Chicago, IL 606466615

(3) Murray Hill Place Inc

New York, NY 100164704

(4) The Mill Brook School

Educational Development 5800 North Keating Avenue

Chicago, IL 606466615

(6) Oakton Foundation Inc

410 Westcott Street

Houston, TX 77007

7100 Southwest 75th

Miami, FL 331432800 (8) Castlewood Foundation

5800 North Keating Avenue

(9) Crawford Foundation Inc

North Pembroke, M A 02358 (11) Stonecrest Home Arts

4201 Forty-Third Street

Washington, DC 20016 (12) Prelature of the Holy

Cross and Opus Dei 139 East Thirty-Fourth New York, NY 100164704 (13) Rosemoor Foundation

Post Office Box 1541 Murray Hill Station New York, NY 101561541

(14) Chaucer Drive Study

Houston, TX 770052631

(15) Universidad Monteavila

8950 Southwest 74th Court

(16) Windmoor Foundation

1121 North Notre Dame South Bend, IN 466171342 (17) Darien Study Center Inc

7800 South Cass Avenue Darien, IL 605615008 (18) Wyoming House Inc

2301 Wvoming Avenue

5525 Security Circle Boston, V A 22713 (20) Elmbrook Inc

25 Follen Street

3610 Wingren Drive Irving, TX 750624512 (22) Reston Study Center

Wasington, DC 200081642 (19) Longlea Conference

Cambridge, M A 021383502

(21) Wingren Foundation Inc

1810 Old Reston Avenue

Reston, V A 201903304

4300 Garrison Street

(23) Tenley Study Center Inc

(25) Layton Study Center Inc

12900 West North Avenue Brookfield, WI 530055217 (26) The Nassau Foundation

Princeton, NJ 085406808

1825 North Wood Street Chicago, IL 606221130 (28) Wespine Study Center

100 East Essex Avenue Kirkwood, M O 631224402 (29) The Peninsula

(30) Kingsland Foundation

4415 Southwest 88th

Miami, FL 331655976

418 Happy Trail Shavano Park, TX 78231

Foundation Inc

(32) Lincoln Green

655 Levering Avenue Los Angeles, C A 900242308

(31) Montevista Foundation

715 West Michigan Avenue Urbana, IL 618014841

(33) Tilden Study Center Inc

(34) Southmore Foundation

2222 Bellefontaine Street Houston, TX 77030 (35) Hawthorn Foundation

19900 Silverfield Drive

Montgomery Village, M D

(36) Trumbull Manor Inc

Novato, C A 949472021 (37) Southmont Foundation

170 Montrose Avenue Orange, N J

56 Harrison Street

New Rochelle, NY

224 Bowen Street

(38) Trimount Foundation Inc

(39) Mathewson Foundation

Providence, RI 029061542

(40) Warwick Foundation Inc

5090 Warwick Terrace Pittsburgh, P A 152133836 (41) Berkland Foundation Inc

1827 Oxford Street Berkeley, C A 947091800 (42) Menlough Study Center

1160 Santa Cruz Avenue Menlo Park, CA 940255003 (43) Formation Foundation

Post Office Box 6007

South Bend, IN 46660

(44) Featherock Conference

(45) Romana Bulletin Inc

(46) Eastwood Study Center

1985 Bonifacio Street

Concord, CA 94520

Center Inc 934 Holub Road

Inc

Suite 201

Schulenburg, TX 789565324

56 Harrison Street Suite 401 New Rochelle, NY 108016560

208865607

50 Rica Vista

070792415

Suite 401

Inc

108016560

(27) Midtown Cultural Center

Chicago, IL 606466615

99 Overlook Circle

(10) Arnold Hall Inc

Post Office Box 528

New Rochelle, NY

108044501

Randall Street

Inc

Inc

Center Inc 5505 Chaucer Drive

Foundation

Suite 2201

Northwest

Center Inc

Inc

Inc

Inc

Foundation 770 South Windsor Boulevard Los Angeles, C A 900053786

Inc

Inc

Inc

Avenue

Northwest Washington, D C 200164035 (24) Chestnut Hill

Foundation Inc 481 Hammond Street Chestnut Hill, M A 024671714

34 Mercer Street

Inc

Miami, FL 33156

Northwest

(7) Palmtrail Inc

Avenue

139 East 34th Street

Foundation Inc

376 Orchard Street

Millis, MA 02054

(5) Association for

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. that received more than \$5,000. Part II can be duplicated if additional space is needed

13-3542148

47-5112301

47-5112301

45-2196605

65-0324017

36-3309592

13-3552064

22-2936068

52-1759646

13-3598550

13-3281516

76-0353042

82-4331338

01-0788484

36-4295675

52-1760051

02-0665083

22-2931400

75-2405572

54-1826300

52-1545933

04-3141919

39-1692100

13-3534894

34-4093991

43-1651179

94-2943240

65-0299587

74-2618410

36-4145777

95-4301168

76-0120857

84-3042040

68-0235497

22-3146708

04-6141144

05-0450077

25-1603855

94-3207717

77-0438157

13-3458562

74-2617384

13-4013243

30-0108309

Enter total number of other organizations listed in the line 1 table . . .

. . . . . . . . . . . . . . . . . . .

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

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

\$4,576,152 for

plant.

Wisconsin

operations

operations

construction of

physical plant

\$420,000 for

for capital

improvement

\$377,400 for

operations; \$20,000

operations; \$25,255

\$315,152 to establish

endowment; \$74,199

to replace physical

plant equipment.

for operations.

acquisition and

operations

operations

\$212,600 for operations; \$100,000

to pay down

Venezuela

operations

operations

operations

operations

\$163,200 for

operations

\$154,123 for

for capital

improvement

operations

operations

operations

\$77,250 for operations; \$40,000

improvement

operations

\$93,600 for

operations

operations

operations

operations

operations

plant

renovation of physical

for establishment of schools inspired by the

teachings of Saint Josemaria Escriva,

operations

operations

\$19,340 for

legal services in

physical plant

equipment.

operations

operations

operations

priests and

for scholarship of

seminarians from poor or persecuted countries, to attend the Pontifical University of the Holy Cross in Rome, Italy

\$2,400 for operations;

for summer leadership

camp for boys in

California, whose

entrusted to the Prelature of Opus Dei

Schedule I (Form 990) 2020

spiritual direction is

46

\$10,100 for capital

improvement.

operations

operations; \$8,235 for

pursuit of property tax

exemption in Newton, Massachusetts

\$6,000 for operations; \$20,000 to replace

founder of Opus Dei, in the New York metropolitan area

operations; \$6,000 for capital improvement.

for capital

operations; \$8,282 for

improvement to chapel.

operations; \$11,489

construction loan.

development of real

property in Caracas,

acquisition and

renovation of real

property in Virginia

renovation of physical

**Employer identification number** 

13-3055729

OMB No. 1545-0047

(h) Purpose of grant or assistance

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient (c) IRC section (a) Name and address of (b) EIN (e) Amount of non-(d) Amount of cash (f) Method of valuation (g) Description of organization (book, FMV, appraisal, (if applicable) grant cash noncash assistance other) or government assistance (1) Riverside Study Center 13-3547523 501(c)(3) 4,668,402 0 \$92,250 for operations;

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

Attach to Form 990.

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

330 Riverside Drive New York, N Y 100253421 (2) Wynncliff Inc 27-2559366 501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3

501(c)(3)

1,500,000 501(c)(3) 1,143,525 501(c)(3) 950,000

764,200

522,600

500,000

440,600

402,655

389,35

372,500

360,000

348,960

312,600

250,000

216,000

210,600

189,123

171,482

165,900

165,612

145,000

140,000

127,422

117,250

109,900

99,600

97,700

85,500

73,200

48,000

46,000

42,000

37,605

33,792

29,400

27,575

26,000

25,500

15,000

13,200

12,550

12,500

8,000

7,000

0

0

0

0

0

0

0

Cat. No. 50055P

0

\$1,140,525 for equipmen Academy, an eight \$600,000 for

expansion of conference center in operations; \$3,000 to replace physical plant expansion of Sparhawk independent private day school for boys in grades three through construction of physical plant; \$164,200 for \$430,000 to pay down construction loan; \$92,600 for

(6)

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Return Reference Explanation

The Woodlawn Foundation monitors the use of grant funds in the U.S. by means of direct, first-hand knowledge of the character and activities of its grantees,

Schedule I, Part I, Line 2

and by means of regular, detailed accounts they provide to the Foundation.

Schedule I (Form 990) 2020

**Software Version:** v1.00

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 25b, 26 and 20b	Schedule L			Tran	sactio	ons with In	terested	Persons				ОМ	B No.	1545	-0047		
Rame of the organization   Section   Solicity   Section   Sect	28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.										26, 27,						
Rame of the organization   Section   Solicity   Solic	1	-	•	Go to <u>www.ir</u>	s.gov/Fo	orm990 for instr	uctions and t	the latest infor	matio	on.		O					
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction (c) Description of transaction of			on						Em	ploye	er iden	tificat					
Complete if the organization answered "Yes" on Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 40b.  (a) Name of disqualified person  (b) Relationship between disqualified person  (c) Description of transaction  (d) Correct  Yes  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  3 Enter the amount of tax, if any on line 2, above, reimbursed by the organization.  4 So Form 990-EZ, Part V, line 40b.  5 Enter the amount of tax incurred by the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the organization?  To From  To From  To From  To From  To From  Sa,000  Sa,000  No N		157111011							13	-305	5729						
(a) Name of disqualified person  (b) Relationship between disqualified person dand organization  (c) Description of transaction  (d) Correct  Yes  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  S Part II  Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person  (b) Relationship (c) Purpose of of loan  (c) Director & Operations  X S S S S S S S NO Yes No																	
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					(b) Relationship	between dis	qualified perso	rson (c) Description of						(d) orrected?			
Section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														Yes	No		
Section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																	
Section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																	
Section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																	
section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																	
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person  (b) Relationship with organization of loan organization?  (c) Purpose of loan organization?  (d) Loan to or from the organization?  (e) Original organization for form due default? Organization organization?  (g) In organization (h) Approved by board organization?  (g) In organization organization?  (g) In organization organization organization organization?  (g) In organization organization organization organization?  (g) In organization organization organization?  (g) In organization organization organization organization?  (h) Organization o	section 4	958.		•	_	-		-	ne ye	ar un	der . ▶						
(a) Name of interested person  (b) Relationship with organization of loan  (c) Purpose of loan  (d) Loan to or from the organization?  (e) Original person  (f) Balance due amount  (g) In default? Approved by board or committee?  (i) Writter agreement of loan  (ii) Writter agreement or committee?  (iv) Writter agreement or committee?  (iv) Writter agreement or committee?  (iv) Malance principal amount  (iv) Writter agreement or committee?  (iv) Writtee agreement or committee?  (iv) Wr	Co	mplete if	f the orgai	nization answe	ered "Yes	" on Form 990-E		e 38a, or Form	990	, Pari	t IV, li	ne 26;	or if	the			
To From Yes No Yes No Yes No Yes No Cushnie Director & Operations X Se,000 Se,000 No	(a) Name of interested	<b>(b)</b> Rel	ationship	(c) Purpose	(d) Loa	n to or from the	(e) Original principal			fault? Appro		default? A		roved ard or	a		
(1) Charles Director & operations X					To	From	1		Vac	No		1					
Haley & Officer	` '		r &	operations		110111	58,000	58,000			163	1	ies				
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person and the complete intere	` '			operations	Х		7,693	7,693		No		No		N	10		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person and the complete intere																	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person and the complete intere																	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person and the complete interested person and the person complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (b) Relationship between interested person and the complete interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) Purp	Total					🕨	\$	65,693					<u> </u>				
(a) Name of interested person and the (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance								IV line 27									
									assis	tance	e (e	e) Purp	ose (	of assis	stance		
	pers	on	inte														
					-									·			

No

organization's

Page 2

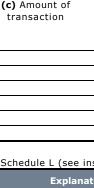
(a) Name of interested person

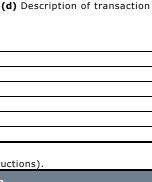
person and the organization	
sponses to auestion	ıs on

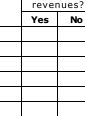
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship

between interested







(Form 990)

**SCHEDULE M** 

Department of the Treasury

### **Noncash Contributions**

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

▶ Attach to Form 990.

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

**2020** 

OMB No. 1545-0047

Open to Public

	nal Revenue Service   le of the organization				Employer identification number
	DLAWN FOUNDATION				
D	art I Types of Property				13-3055729
Г	Types of Property	(.)	(1.)	(1)	4.0
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin	(d)  Method of determining  noncash contribution amounts e
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 .	Х	138	2,156,92	3 fair 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 .				
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				
	Other ▶ ()				
26	Other ► ()				
27	Other ▶ ()				
28	Other ► ()				
29	Number of Forms 8283 received by for which the organization complete	_			29
	ioi wilicii the organization complet	.cu i 01111 62	os, rait iv, Dullee ACKIIOV	wieugement	Yes No
30a	During the year, did the organizat				s 1 through 28, that

21	Taxidermy	l									
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ▶ ()										
26	Other ▶ ()	<u> </u>									
27	Other ▶ ()	<u> </u>									
28	Other ► ()	<u> </u>									
29	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										0
										Yes	No
	During the year, did the organizati it must hold for at least three year exempt purposes for the entire hol	s from the Iding period	date of the ind?	nitial contribut					30a		l <sub>No</sub>
b	If "Yes," describe the arrangement	in Part II							332		
31	Does the organization have a gift	acceptance	policy that r	equires the re	eview of any nor	nstandard o	contrib	outions?	31		Νo
32a	Does the organization hire or use contributions?								32a		No
b	If "Yes," describe in Part II.										
33	If the organization didn't report an	amount in	column (c) fo	or a type of pi	operty for which	column (a	) is ch	necked,			
	describe in Part II.										
For P	aperwork Reduction Act Notice, see th	e Instruction	ons for Form 9	90.	Cat.	No. 51227J		Schedule	M (Form	990)	(2020)

Additional Data		Return to Form
	Software ID: 20	20012124
So	oftware Version: v1	1.00

# 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.

**Explanation** 

2020
Open to Public Inspection

OMB No. 1545-0047

Name Bruthe organization WOODLAWN FOUNDATION

**SCHEDULE 0** 

(Form 990 or 990-

Department of the Treasury

Return

EZ)

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

13-3055729

Reference	
Form 990, Part VI, Section B, Line 11b	The Treasurer prepared a draft of Form 990 and distributed electronic copies to other officers and to Board Members. After a sufficient period of review, the Treasurer made corrections and adjustments based on comments and suggestions received from officers and Board Members. Finally, he signed and filed Form 990 electronically.
Form 990, Part VI, Section B, Line 12c	Board Members and officers of the Woodlawn Foundation revisit the conflict of interest policy during the Board of Directors annual meeting. Each Board Member and officer discloses whether or not he or she has a conflict of interest by means of a signed statement listing conflicts, if any. The Secretary takes custody of these statements.
Form 990, Part VI, Section B, Line 15	Any position whose reportable and non-reportable compensation exceed \$80,000 is subject to the Woodlawn Foundation's Executive Compensation Policy including, but not limited to, the President, Executive Director, financial officers, management officers, and key employees. When applicable, the Executive Committee shall make its recommendation annually to the Board regarding the reasonableness of those positions. It shall rely upon appropriate data as to comparability in making its determination. Furthermore, it shall place such data and other reasons for its recommendation in the Minutes. Only those who are free of conflicts of interest may be involved in the evaluation of Executive compensation.
Form 990, Part VI, Section C, Line 19	The Foundation'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 56 Harrison Street, Suite 401, New Rochelle, New York 10801-6560. No appointment is necessary. The Foundation will also send paper copies of these documents via U.S. Postal Service, or an electronic copy via e-mail, upon request and without charge. Furthermore, the Articles of Incorporation, By-Laws, and the three most current Form 990's are available for review on the Foundation's website at woodlawnfoundation.org.
For Paperwork Red	luction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2021

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization WOODLAWN FOUNDATION

#### **Related Organizations and Unrelated Partnerships**

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

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

2020
Open to Public Inspection

**Employer identification number** 

							13-3	055729												
Part I Identification of Disregarded Entities. Compl	ete if the	organization a	nswere	d "Yes" on F	orm 99	00, Part IV,	line	33.												
(a)  Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity Legal domicile (state or foreign country)				(d) Total incom	e	(e) End-of-year assets		<b>(f)</b> Direct controlli entity	ing									
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		r.	organ		vered "Y		n 99		34 l			_								
(a) Name, address, and EIN of related organization	Pr	<b>(b)</b> imary activity		<b>(c)</b> domicile (state reign country)	Exempt	( <b>d)</b> : Code section		(e) lic charity status ection 501(c)(3))	ľ	<b>(f)</b> Direct controlling entity	Sec 51: (1 cont ent	2(b 13) rolle ity?								
(1)Rockside Foundation 56 Harrison Street Suite 401 New Rochelle, NY 108016560 31-1538837	supportir	porting organization		orting organization		pporting organization		pporting organization		rting organization		ОН	501(c)(3	3)	12a		N/A		Yes	_
(2) Sauganash Foundation 56 Harrison Street Suite 401 New Rochelle, NY 108016560 31-1538838	supportir	ng organization		ОН	501(c)(3	3)	12a		N/A		Yes									
For Paperwork Reduction Act Notice, see the Instructions for Form 990	).		Ca	t. No. 50135	5Y				Sche	edule R (Form 990	0) 202	20								

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

				-								
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(i Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ener?	(k) Percentage ownership
							Yes	No		Yes	No	
			•						•			

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

34 because it flad one of more related organizations treated as a corporation of trust during the tax year.												
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	<b>(h)</b> Percentage ownership		ntrolled ity?			
		country)					Ţ	Yes	No			

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
<b>b</b> Gift, grant, or capital contribution to related organization(s)										
C Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
<b>f</b> Dividends from related organization(s)				1f		No				
g Sale of assets to related organization(s)				<b>1</b> g		No				
h Purchase of assets from related organization(s)				1h		No				
i Exchange of assets with related organization(s)				<b>1</b> i		No				
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No				
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
• Sharing of paid employees with related organization(s) • • • • • • • • • • • • • • • • • • •										
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p		No				
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No				
r Other transfer of cash or property to related organization(s)				1r		No				
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	nis line, including co	vered relationships	and transaction thresholds.	<u> </u>						
(a)	(b)	(c)	(d)							
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved					
		1								

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asse

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross													
revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	Primary activity Legal domicile (state or foreign country) exclude tax sectio	Legal domicile (state or foreign	(d) Predominant income (related, unrelated,	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?		(k) Percentage ownership
coun		excluded from tax under sections 512- 514)	Yes	No		Yes		No	K-1 (Form 1065)	Yes	No		
												$\vdash$	
												$\vdash$	
												$\mid - \mid$	