

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**WOODARD FAMILY FOUNDATION**

EIN or SSN

**\*\* - \*\*\* 6550**

Name and title of officer or person subject to tax

**TOD CASEY WOODARD  
PRESIDENT**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> <u>5,352.</u>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize BRIGHTON JONES, LLC to enter my PIN 16550  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91542507475

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Tod Casey Woodard*

Date 11/17/22

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990-W**

**Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-PF

**2022**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....		1
2	Tax on the amount on line 1. See instructions for tax computation .....		2
3	Alternative minimum tax for trusts. See instructions .....		3
4	Total. Add lines 2 and 3 .....		4
5	Estimated tax credits. See instructions .....		5
6	Subtract line 5 from line 4 .....		6
7	Other taxes. See instructions .....		7
8	Total. Add lines 6 and 7 .....		8
9	Credit for federal tax paid on fuels. See instructions .....		9
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	5,352.
c	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	<b>ADJUSTED TO</b>	
		10c	6,000.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions .....	11	11/15/22	12/15/22	03/15/23	06/15/23
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	1,500.	1,500.	1,500.	1,500.
13	2021 Overpayment. See instructions .....	13	648.			
14	Payment due (Subtract line 13 from line 12) .....	14	852.	1,500.	1,500.	1,500.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

ESTIMATED TAX	6,000.
OVERPAYMENT APPLIED	648.
AMOUNT DUE	5,352.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WOODARD FAMILY FOUNDATION</b>	Taxpayer identification number (TIN) <b>** - *** 6550</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 10666</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EUGENE, OR 97440</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**TOD C. WOODARD**

- The books are in the care of ▶ **P.O. BOX 10666 - EUGENE, OR 97440**

Telephone No. ▶ **(541) 343-9402** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

EXTENDED TO MAY 15, 2023

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

**2021**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2021 or tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**

Name of foundation  
**WOODARD FAMILY FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite  
**PO BOX 10666**

City or town, state or province, country, and ZIP or foreign postal code  
**EUGENE, OR 97440**

**A** Employer identification number  
**\*\* - \*\*\* 6550**

**B** Telephone number  
**(541) 343-9402**

**C** If exemption application is pending, check here

**D** 1. Foreign organizations, check here   
2. Foreign organizations meeting the 85% test, check here and attach computation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**G** Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
\$ **9,800,830.**

**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_ (Part I, column (d), must be on cash basis.)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b> Contributions, gifts, grants, etc., received .....				<b>N/A</b>	
<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
<b>3</b> Interest on savings and temporary cash investments .....		<b>5.</b>	<b>5.</b>		<b>STATEMENT 1</b>
<b>4</b> Dividends and interest from securities .....		<b>239,907.</b>	<b>239,907.</b>		<b>STATEMENT 2</b>
<b>5a</b> Gross rents .....					
<b>b</b> Net rental income or (loss) .....					
<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....		<b>198,435.</b>			
<b>b</b> Gross sales price for all assets on line 6a <b>1,263,756.</b>					
<b>7</b> Capital gain net income (from Part IV, line 2) .....			<b>198,435.</b>		
<b>8</b> Net short-term capital gain .....					
<b>9</b> Income modifications .....					
<b>10a</b> Gross sales less returns and allowances .....					
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....		<b>104.</b>	<b>104.</b>		<b>STATEMENT 3</b>
<b>12 Total.</b> Add lines 1 through 11 .....		<b>438,451.</b>	<b>438,451.</b>		
<b>13</b> Compensation of officers, directors, trustees, etc. ....		<b>92,000.</b>	<b>0.</b>		<b>88,000.</b>
<b>14</b> Other employee salaries and wages .....		<b>33,590.</b>	<b>0.</b>		<b>33,590.</b>
<b>15</b> Pension plans, employee benefits .....		<b>10,206.</b>	<b>0.</b>		<b>10,206.</b>
<b>16a</b> Legal fees .....					
<b>b</b> Accounting fees <b>STMT 4</b> .....		<b>5,000.</b>	<b>0.</b>		<b>5,000.</b>
<b>c</b> Other professional fees <b>STMT 5</b> .....		<b>52,464.</b>	<b>52,464.</b>		<b>0.</b>
<b>17</b> Interest .....					
<b>18</b> Taxes <b>STMT 6</b> .....		<b>9,762.</b>	<b>918.</b>		<b>1,336.</b>
<b>19</b> Depreciation and depletion .....					
<b>20</b> Occupancy .....					
<b>21</b> Travel, conferences, and meetings .....		<b>21,114.</b>	<b>0.</b>		<b>21,114.</b>
<b>22</b> Printing and publications .....					
<b>23</b> Other expenses <b>STMT 7</b> .....		<b>30,859.</b>	<b>0.</b>		<b>30,859.</b>
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....		<b>254,995.</b>	<b>53,382.</b>		<b>190,105.</b>
<b>25</b> Contributions, gifts, grants paid .....		<b>255,950.</b>			<b>255,950.</b>
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....		<b>510,945.</b>	<b>53,382.</b>		<b>446,055.</b>
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements .....		<b>-72,494.</b>			
<b>b Net investment income</b> (if negative, enter -0-) .....			<b>385,069.</b>		
<b>c Adjusted net income</b> (if negative, enter -0-) .....				<b>N/A</b>	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	613,442.	381,849.	381,849.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	4,590,507.	4,450,818.	4,450,818.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 9	6,152,433.	4,968,163.	4,968,163.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	11,356,382.	9,800,830.	9,800,830.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
28 Retained earnings, accumulated income, endowment, or other funds	11,356,382.	9,800,830.		
29 Total net assets or fund balances	11,356,382.	9,800,830.		
30 Total liabilities and net assets/fund balances	11,356,382.	9,800,830.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	11,356,382.
2 Enter amount from Part I, line 27a	2	-72,494.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	11,283,888.
5 Decreases not included in line 2 (itemize) UNREALIZED GAIN (LOSS)	5	1,483,058.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	9,800,830.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VANGUARD			12/31/21
b UBS			12/31/21
c CAPITAL GAINS DIVIDENDS			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 321,725.		275,918.	45,807.
b 931,582.		789,403.	142,179.
c 10,449.			10,449.
d			
e			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			45,807.
b			142,179.
c			10,449.
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	198,435.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	5,352.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 Add lines 1 and 2	3	5,352.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	5,352.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	6,000.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	6,000.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	648.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax 648.   Refunded	11	0.

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.
1e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
By language in the governing instrument, or
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered. See instructions.
OR
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021?
10 Did any persons become substantial contributors during the tax year?
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.WOODARDF.F.COM
14 The books are in care of TOD C. WOODARD Telephone no. (541) 343-9402
Located at P.O. BOX 10666, EUGENE, OR ZIP+4 97440
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		<input type="checkbox"/>
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ▶ _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4b	X



**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <b>N/A</b>		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <b>N/A</b>		
<b>8</b> Is the foundation 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?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		92,000.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part VIII-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	10,742,095.
b	Average of monthly cash balances .....	1b	393,473.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	11,135,568.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	11,135,568.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	167,034.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	10,968,534.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	548,427.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	548,427.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	5,352.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	5,352.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	543,075.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	543,075.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	543,075.

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	446,055.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	446,055.

**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				543,075.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			29,648.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 446,055.				
a Applied to 2020, but not more than line 2a			29,648.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				416,407.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				126,668.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

1 **Information Regarding Foundation Managers:**  
 a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ACADEMY FOR CHARACTER EDUCATION CHARTER SCHOOL 195 SOUTH 6TH ST., BUILDING C COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	10,000.
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 06001	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	5,000.
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON ST. MS-1611A BOSTON, MA 02215	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	5,000.
BOHEMIA HERITAGE ASSOCIATION PO BOX 1297 COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	8,700.
CASA OF LANE COUNTY 174 DEADMOND FERRY RD SPRINGFIELD, OR 97477	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>255,950.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b>				
				<b>0.</b>

**Part XV-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....			14	5.	
4 Dividends and interest from securities .....			14	239,907.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....			14	104.	
8 Gain or (loss) from sales of assets other than inventory .....			18	198,435.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		438,451.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....					438,451.

(See worksheet in line 13 instructions to verify calculations.)

**Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
▼	

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content: N/A

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: [Signature] Date: [Blank] Title: PRESIDENT

Paid Preparer Use Only Print/Type preparer's name: ANDREA REED Preparer's signature: ANDREA REED Date: 11/17/22 Check self-employed: [ ] PTIN: P01431759 Firm's name: BRIGHTON JONES, LLC Firm's EIN: \*\* - \*\*\* 7475 Firm's address: 1624 NW LOVEJOY ST PORTLAND, OR 97209 Phone no.: 503-594-7400

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [ ] No



**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CASCADE POLICY INSTITUTE 4850 SW SCHOLLS FERRY ROAD, SUITE 103 PORTLAND, OR 97225	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,000.
CENTER OF COMMUNITY COUNSELING 1465 COBURG ROAD EUGENE, OR 97401	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	3,000.
CENTRAL NEVADA HISTORICAL SOCIETY PO BOX 326 TONOPAH, NV 89049	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,000.
COMMUNITY HEALTH CENTERS OF LANE COUNTY SOUTH LANE CLINIC 125 EAST 8TH STREET EUGENE, OR 97401	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	50,000.
COMMUNITY VETERINARY CENTER 470 HIGHWAY 99 NORTH EUGENE, OR 97402	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	500.
COTTAGE GROVE COMMUNITY FOUNDATION PO BOX 1326 COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	6,000.
COTTAGE GROVE HIGH SCHOOL 1375 SOUTH RIVER ROAD COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	500.
EUGENE ACTIVE 20-30 FOUNDATION PO BOX 1965 EUGENE, OR 97440	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	3,000.
EUGENE SYMPHONY 115 WEST 8TH AVE SUITE 115 EUGENE, OR 97401	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	12,000.
FAMILY RELIEF NURSERY PO BOX 1207 COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,000.
<b>Total from continuation sheets</b>				<b>225,250.</b>

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HUMANE SOCIETY OF COTTAGE GROVE PO BOX 61 COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	7,500.
KEEP OREGON GREEN PO BOX 12365 SALEM, OR 97309	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,000.
KIDS FIRST CENTER 299 EAST 18TH AVENUE EUGENE, OR 97401	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	20,000.
LEUKEMIA & LYMPHOMA SOCIETY 6915 SW MACADAM AVE, SUITE 100 PORTLAND, OR 97219	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	6,500.
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 102488 PASADENA, CA 91189-2488	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,500.
LEWIS & CLARK COLLEGE 615 SOUTH PALATINE HILL ROAD PORTLAND, OR 97219	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,000.
LOOKING GLASS COMMUNITY SERVICES 1790 WEST 11TH AVENUE, SUITE 200 EUGENE, OR 97402	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	7,500.
MAIN STREET COTTAGE GROVE 400 EAST MAIN STREET COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,500.
MARIST HIGH SCHOOL FOUNDATION 900 KINGSLEY ROAD EUGENE, OR 97401	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	5,000.
NATIONAL FREEDOM AND LIBERTY TREE PROJECT 72928 KEN ROSEWALL LANE PALM DESERT, CA 92260	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	5,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NATIONAL PARK CONSERVATION ASSOCIATION 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,000.
OPHELIA'S PLACE 1577 PEARL STREET EUGENE, OR 97401	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,250.
OREGON EQUESTRIAN TRAILS PO BOX 1436 EUGENE, OR 97440	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	5,000.
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 97333	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	5,000.
PALM SPRINGS CONCERTS PO BOX 1502 PALM SPRINGS, CA 92263	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,000.
PARKINSON'S FOUNDATION 200 SE 1ST STREET, SUITE 800 MIAMI, FL 33131	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,500.
PEACEHEALTH COTTAGE GROVE COMMUNITY MEDICAL CENTER 1515 VILLAGE DRIVE COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	50,000.
RAIN EUGENE 942 OLIVE STREET EUGENE, OR 97401	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	500.
RICHARD NIXON FOUNDATION 18001 YORBA LINDA BOULEVARD YORBA LINDA, CA 92886	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	5,000.
SINGING CREEK EDUCATIONAL CENTER PO BOX 1012 COTTAGE GROVE, OR 97424	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SQUARE ONE VILLAGES 15 NORTH POLK STREET EUGENE, OR 97402	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	4,500.
THE SHEDD INSTITUTE PO BOX 1497 EUGENE, OR 97440	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,000.
VOLUNTEERS IN MEDICAL CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,000.
WEBFOOT JUNIORS VOLLEYBALL CLUB PO BOX 5492 EUGENE, OR 97405	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	3,500.
WELCOME HOME ANIMAL SANCTUARY 82940 HULBURT LANE CRESWELL, OR 97426	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	2,000.
YOLANDA ELEMENTARY PARENT TEACHER ORGANIZATION 2350 YOLANDA AVENUE SPRINGFIELD, OR 97477	N/A	PC	TO FURTHER ORGANIZATIONS CHARITABLE PURPOSES	1,500.
<b>Total from continuation sheets</b> .....				

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OREGON PUBLIC BANK	5.	5.	
TOTAL TO PART I, LINE 3	5.	5.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBS	110,638.	0.	110,638.	110,638.	
VANGUARD	139,718.	10,449.	129,269.	129,269.	
TO PART I, LINE 4	250,356.	10,449.	239,907.	239,907.	

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	104.	104.	
TOTAL TO FORM 990-PF, PART I, LINE 11	104.	104.	

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,000.	0.		5,000.
TO FORM 990-PF, PG 1, LN 16B	5,000.	0.		5,000.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
UBS FEES	30,350.	30,350.		0.
VANGUARD	21,725.	21,725.		0.
OTHER INVESTMENT FEES	389.	389.		0.
TO FORM 990-PF, PG 1, LN 16C	52,464.	52,464.		0.

## FORM 990-PF

## TAXES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	7,508.	0.		0.
OREGON EXCISE TAX	1,336.	0.		1,336.
FOREIGN TAXES	918.	918.		0.
TO FORM 990-PF, PG 1, LN 18	9,762.	918.		1,336.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	2,052.	0.		2,052.
INSURANCE	1,321.	0.		1,321.
MEALS	15,239.	0.		15,239.
OFFICE EXPENSE	10,847.	0.		10,847.
WEBSITE	1,400.	0.		1,400.
TO FORM 990-PF, PG 1, LN 23	30,859.	0.		30,859.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ACCENTURE PLC - ACCESS	81,074.	81,074.
ALASKA AIR GROUP	24,030.	24,030.
ALPHABET INC	108,963.	108,963.
AMER ELECTRIC POWER - ACCESS	57,660.	57,660.
AMGEN INC - ACCESS	57,419.	57,419.
ANALOG DEVICES - ACCESS	87,362.	87,362.
AUTOMATIC DATA PROCESSING INC - ACCESS	68,893.	68,893.
BERKSHIRE HATHAWAY	54,604.	54,604.
BLACKROCK INC - ACCESS	75,521.	75,521.
BUNGE LIMITED	90,690.	90,690.
CHEVRON CORP	108,585.	108,585.
CHUBB LTD - ACCESS	92,589.	92,589.
CISCO SYSTEMS INC	21,320.	21,320.
CISCO SYSTEMS INC - ACCESS	84,299.	84,299.
COCA COLA CO - ACCESS	111,036.	111,036.
COMCAST CORP	39,240.	39,240.
COMCAST CORP - ACCESS	56,780.	56,780.
DIAGEO PLC - ACCESS	80,443.	80,443.
DISCOVER FINANCIAL SERVICES - ACCESS	66,584.	66,584.
EOG RESOURCES INC - ACCESS	84,597.	84,597.
FEDEX CORP	113,355.	113,355.
HOME DEPOT - ACCESS	78,167.	78,167.
INGREDION INC COM	88,160.	88,160.
JOHNSON & JOHNSON - ACCESS	137,570.	137,570.
JPMORGAN CHASE - ACCESS	83,219.	83,219.
KRAFT HEINZ CO	95,350.	95,350.
LINDE PLC - ACCESS	101,211.	101,211.
MARSH & MCLENNAN COS - ACCESS	72,191.	72,191.
MCDONALDS CORP - ACCESS	109,615.	109,615.
MEDTRONIC PLC - ACCESS	73,057.	73,057.
MERCK & CO INC	91,170.	91,170.
MICROSOFT COPR - ACCESS	271,726.	271,726.
MOLSON COORS BEVERAGE CO	54,510.	54,510.
NEXTERA ENERGY - ACCESS	75,291.	75,291.
NUTRIEN LTD	159,380.	159,380.
NXP SEMICONDUCTORS	37,008.	37,008.
PHILLIPS 66 - ACCESS	67,970.	67,970.
PROCTER & GAMBLE CO - ACCESS	91,307.	91,307.
RAYTEON TECHNOLOGIES - ACCESS	114,275.	114,275.
REPUBLIC SERVICES INC - ACCESS	57,583.	57,583.
SALESFORCE.COM	33,008.	33,008.
TEXAS INSTRUMENTS - ACCESS	79,437.	79,437.
TRUIST FINL - ACCESS	78,117.	78,117.
UNION PACIFIC CORP - ACCESS	68,036.	68,036.
UNITED PARCEL SERVICE INC - ACCESS	89,080.	89,080.
VODAFONE GROUP PLC	31,160.	31,160.
KINDER MORGAN INC	41,900.	41,900.
SHELL PLC SPON ADR	104,580.	104,580.
ABBIVE INC COM - ACCESS	102,770.	102,770.
BROADCOM INC - ACCESS	88,417.	88,417.
HONEYWELL INTL INCL	63,441.	63,441.
MORGAN STANLEY	61,228.	61,228.

WOODARD FAMILY FOUNDATION

\*\*-\*\*\*6550

STARBUCKS -ACCESS	73,869.	73,869.
UNITEDHEALTH GROUP INC	111,971.	111,971.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,450,818.	4,450,818.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGUARD INTER-TERM INVEST-GR ADM	FMV	209,778.	209,778.
VANGUARD LONG-TERM INVEST-GR ADM	FMV	99,347.	99,347.
VANGUARD SHORT-TERM INVEST-GR ADM	FMV	201,310.	201,310.
VANGUARD TOT INTL BOND IX ADMIRAL	FMV	462,029.	462,029.
VANGUARD TOT INTL STOCK IX ADMIRAL	FMV	1,393,604.	1,393,604.
VANGUARD TOTAL BOND MKT INDEX ADM	FMV	581,545.	581,545.
VANGUARD TOTAL STOCK MKT INDEX ADM	FMV	2,020,550.	2,020,550.
TOTAL TO FORM 990-PF, PART II, LINE 13		4,968,163.	4,968,163.

CLIENT COPY



NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TOD C. WOODARD P.O. BOX 10666 EUGENE, OR 97440	PRESIDENT/DIRECTOR 2.00	68,000.	0.	0.
TYSON WOODARD P.O. BOX 10666 EUGENE, OR 97440	DIRECTOR/ADMINISTRATOR/SECRETARY 1.00	20,000.	0.	0.
KRISTEN WOODARD P.O. BOX 10666 EUGENE, OR 97440	TREASURER/DIRECTOR 1.00	1,000.	0.	0.
DENA MCCOY P.O. BOX 10666 EUGENE, OR 97440	DIRECTOR 0.20	1,000.	0.	0.
JOY TURNER P.O. BOX 10666 EUGENE, OR 97440	DIRECTOR 0.20	1,000.	0.	0.
KADE MCCOY P.O. BOX 10666 EUGENE, OR 97440	DIRECTOR 0.20	1,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		92,000.	0.	0.

Form **CT-12**

**For Oregon Charities**

For Accounting Periods Beginning in:

**2021**

**Charitable Activities Section  
Oregon Department of Justice**

100 SW Market Street  
Portland, OR 97201-5702  
Email: charitable@doj.state.or.us  
Website: https://www.doj.state.or.us

VOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882

**Line-by-line instructions for completing the annual report form can be found on our website.**

**You can now file reports and pay by credit card using our online form at**

**https://justice.oregon.gov/paymentportal/Account/Login**

**Section I. General Information**

1. REGISTRATION #: 1245

WOODARD FAMILY FOUNDATION  
PO BOX 10666  
EUGENE, OR 97440

541-343-9402

JULY 1, 2021 - JUNE 30, 2022

Cross Through Incorrect Items and Correct Here:  
(See instructions for change of name or accounting period.)

Registration #:

Organization Name:

Address:

City, State, Zip:

Phone:

Email:

Period Beginning: / /

Fax:

Period Ending: / /

Amended Report?

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No

3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations;  in-person;  direct mail;  advertising;  vending machine;  telephone; or  other solicitations. If yes, also write the name of the fundraising firm(s) here: \_\_\_\_\_ (If you checked "other solicitations", attach an explanation.)  Yes  No

4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No

5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No

6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
TOD C. WOODARD	PRESIDENT	541-343-9402	PO BOX 10666, EUGENE, OR 97440

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. **(Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)**

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	SEE ATTACHED FORM 990-PF, PART VIII		
Address:	-----		
Phone:	( ) ----- Email: -----		
Name:	-----		
Address:	-----		
Phone:	( ) ----- Email: -----		
Name:	-----		
Address:	-----		
Phone:	( ) ----- Email: -----		

**Form Continued on Reverse Side**

## Section II. Fee Calculation

<p>9. Total Revenue.....  <small>(From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; or see the CT-12 instructions for how to calculate total revenue. <b>Attach explanation if Total Revenue is \$0.</b>)</small></p>	9.	\$438,451.00																	
<p>10. Revenue Fee.....  <small>(See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.) The revenue fee is determined by the amount on line 9.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.	\$200.00	
Amount on Line 9	Revenue Fee																		
\$0 - \$24,999	\$20																		
\$25,000 - \$49,999	\$50																		
\$50,000 - \$99,999	\$90																		
\$100,000 - \$249,999	\$150																		
\$250,000 - \$499,999	\$200																		
\$500,000 - \$999,999	\$300																		
\$1,000,000 or more	\$400																		
<p>11. Net Assets or Fund Balances at End of the Reporting Period.....  <small>(From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate. <b>Attach explanation if amount is \$0 or a negative number</b>)</small></p>	11.	\$9,800,830.00																	
<p>12. Net Fixed Assets Used to Conduct Charitable Activities.....  <small>(Generally, from Part X, Line 10c on Form 990; Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</small></p>	12.	\$0.00																	
<p>13. Amount Subject to Net Assets or Fund Balances Fee.....  <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	\$9,800,830.00																	
<p>14. Net Assets or Fund Balances Fee.....  <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. <b>Not to exceed \$2,000.</b> Round cents to the nearest whole dollar.)</small></p>	14.	\$980.00																	
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.....  <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.	\$0.00																	
<p>16. Total Amount Due.....  <small>(Add Lines 10, 14, and 15. Make check payable to the <b>Oregon Department of Justice.</b>)</small></p>	16.	\$1,180.00																	
<p>17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 &amp; 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.</p>																			

**Please Sign Here**

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.



Signature of officer	Date	PRESIDENT Title
TOD CASEY WOODARD Officer's name (printed)	PO BOX 10666, EUGENE, OR 97440 Address	
	541-343-9402 Phone	

**Paid Preparer's Use Only**



<i>Andrea Reed</i> Preparer's signature	11-17-2022 Date	503-594-7400 Phone
BRIGHTON JONES, LLC Preparer's name (printed)	1624 NW LOVEJOY ST, PORTLAND, OR 97209 Address	

Line-by-line instructions for completing the annual report form can be found at <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report>. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to [charitable@doj.state.or.us](mailto:charitable@doj.state.or.us).