

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

**For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017**

Name of foundation WOODRUFF FOUNDATION co DINGUS AND DAGA INC		<b>A Employer identification number</b> 23-7425631
Number and street (or P O box number if mail is not delivered to street address) 20600 CHAGRIN BLVD	Room/suite	<b>B Telephone number</b> (see instructions) (216) 561-9200
City or town, state or province, country, and ZIP or foreign postal code SHAKER HEIGHTS, OH 44122		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 12,302,816	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	294,404	294,404	294,404	
	<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	358,858			
	<b>b</b> Gross sales price for all assets on line 6a	2,356,385			
	<b>7</b> Capital gain net income (from Part IV, line 2)		358,858		
	<b>8</b> Net short-term capital gain			58,086	
	<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) (attach schedule)					
<b>11</b> Other income (attach schedule)	12,084				
<b>12 Total.</b> Add lines 1 through 11	665,346	653,262	352,490		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc				
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	6,700	3,350		3,350
	<b>c</b> Other professional fees (attach schedule)	82,255	78,830		3,425
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	5,654	5,654		
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	133,533			133,533
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	228,142	87,834		140,308
	<b>25</b> Contributions, gifts, grants paid	437,961			437,961
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	666,103	87,834		578,269	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-757				
<b>b Net investment income</b> (if negative, enter -0-)		565,428			
<b>c Adjusted net income</b> (if negative, enter -0-)			352,490		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	244,861	200,369	200,369
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ <u>9,307</u>			
	Less allowance for doubtful accounts ▶ _____	34,048	9,307	9,307
	<b>4</b> Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,266	2,846	2,846
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	10,941,548	12,090,294	12,090,294
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .				
<b>14</b> Land, buildings, and equipment basis ▶ _____				
Less accumulated depreciation (attach schedule) ▶ _____				
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	11,226,723	12,302,816	12,302,816	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,700	6,700	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	6,700	6,700	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	11,220,023	12,296,116	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	11,220,023	12,296,116		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	11,226,723	12,302,816		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	11,220,023
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-757
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	1,076,850
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	12,296,116
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	12,296,116

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

(a) List and describe the kind(s) of property sold (e g , 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 )
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	358,858
<b>3</b> 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	58,086

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	583,926	10,883,534	0 05365
2015	524,415	11,377,480	0 04609
2014	544,218	11,707,398	0 04649
2013	542,641	11,208,469	0 04841
2012	507,943	10,507,360	0 04834
<b>2</b> Total of line 1, column (d)			0 242984
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 048597
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			11,654,050
<b>5</b> Multiply line 4 by line 3			566,352
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			5,654
<b>7</b> Add lines 5 and 6			572,006
<b>8</b> Enter qualifying distributions from Part XII, line 4			578,269

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	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)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	5,654
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	5,654
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	<b>5</b>	5,654
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	8,500
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments Add lines 6a through 6d. . . . .	<b>7</b>	8,500
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	2,846
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ 2,846 <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ▶ \$ _____ <b>(2)</b> On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	No
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OH _____		
<b>b</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? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of Kara McCullough Telephone no (216) 621-2901

Located at 627 Hanna Building Suite 966 Cleveland OH ZIP+4 44115

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

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

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

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

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) 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 Additional Data Table				

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) 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. . . . . ▶

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FOUNDATION MANAGEMENT SERVICES 1422 Euclid Avenue Suite 966 CLEVELAND, OH 44115	FOUNDATION MGMT	98,000
ROBERT W BAIRD & COMPANY 200 PUBLIC SQUARE SUITE 1650 Cleveland, OH 44114	Investment Advisory	78,830

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

**Part IX-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

1	Expenses

**Part IX-B Summary of Program-Related Investments (see instructions)**

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

1	Amount
All other program-related investments See instructions	
3	

**Total.** Add lines 1 through 3 . . . . . ▶

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	11,831,523
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	11,831,523
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	11,831,523
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	177,473
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	11,654,050
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	582,703

**Part XI 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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	582,703
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	5,654
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	5,654
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	577,049
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	577,049
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	577,049

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	578,269
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	578,269
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	5,654
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	572,615

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				577,049
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				44,217
<b>f Total</b> of lines 3a through e. . . . .	44,217			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>578,269</u>				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				577,049
<b>e</b> Remaining amount distributed out of corpus	1,220			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	45,437			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	45,437			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				44,217
<b>e</b> Excess from 2017. . . . .				1,220

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> 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 X, 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 XV Supplementary Information (Complete this part only if the organization 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) )

**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

**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 (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

WOODRUFF FOUNDATION  
1422 EUCLID AVENUE SUITE 966  
CLEVELAND, OH 441151901  
(216) 566-1853

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

NO SPECIFIC APPLICATION OR PROPOSAL FORM IS USED APPLICANTS SHOULD SUBMIT PROPOSALS THAT SHOULD INCLUDE ITEMS SUCH AS 1 PURPOSE OF THE PROPOSAL2 A BRIEF HISTORY AND PURPOSE OF THE ORGANIZATION3 A PROFILE OF CLIENTS SERVED, A SUMMARY OF TEH SERVICES OFFERED ALONG WITH THE SERVICE AREA AND APPLICABLE STATISTICS4 AN EXPLANANTION OF SPECIFIC GRANT REQUEST INCLUDING OBJECTIVES, TIME FRAME AND BUDGET5 A STATEMENT OF INCOME AND EXPENSES FOR THE PRECEDING YEAR AND A CURRENT BUDGET6 A LIST OF THE BOARD OF TRUSTEES7 A COPY OF THE LATEST AUDITED FINANCIAL STATEMENTS8 A COPY OF THE MOST RECENT ANNUAL REPORT

**c** Any submission deadlines

NONE

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

NONE

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				437,961
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				





**Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
R JEFFREY POLLOCK 1422 EUCLID AVENUE SUITE 966 CLEVELAND, OH 44115	President 1 00	0		
LOVELL J CUSTARD 600 SUPERIOR AVENUE EAST CLEVELAND, OH 44114	Vice President 1 00	0		
NANCY LOWERY-BREGAR 1422 EUCLID AVENUE SUITE 966 CLEVELAND, OH 44115	Secretary/Treas 1 00	0		
MARYELLEN DAVIS 1422 EUCLID AVENUE SUITE 966 CLEVELAND, OH 44115	Trustee 1 00	0		
LAUREL DOMANSKI DIAZ 1422 EUCLID AVENUE SUITE 966 CLEVELAND, OH 44115	Trustee 1 00	0		
DAVID DOLL 1422 EUCLID AVENUE SUITE 966 CLEVELAND, OH 44115	Trustee 1 00	0		
JANET LOWDER 1422 EUCLID AVENUE SUITE 966 CLEVELAND, OH 44115	Trustee 1 00	0		
STEVEN SIEMBORSKI 1422 EUCLID AVENUE SUITE 966 CLEVELAND, OH 44115	Trustee 1 00	0		
ELLA HOLT THOMAS 246 AURNDEL ROAD ROCKEY RIVER, OH 44116	Trustee 1 00	0		

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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</b> <i>Paid during the year</i>				
CLEVELAND RAPE CRISIS1228 EUCLID CLEVELAND, OH 44115	NONE	PC	TO PROVIDE TRAUMA THERAPY FOR SURVIVORS OF RAPE AND SEXUAL ABUSE	25,000
FAR WEST CENTER 29133 HEALTH CAMPUS DRIVE WESTLAKE, OH 44145	NONE	PC	TO SUPPORT STAFF TRANSITION TEAM FOR BEHAVIORAL HEALTH REDESIGN	20,000
LUTHERAN METROPOLITAN MINISTRY 4515 SUPERIOR AVENUE CLEVELAND, OH 44121	NONE	PC	GUARDIANSHIP SERVICES FOR ADULTS WITH SEVERE MENTAL ILLNESS	15,000
NAMI CLEVELAND2012 WEST 25 CLEVELAND, OH 44113	NONE	PC	FOR THE COMMUNITY EDUCATION PROGRAM	15,000
STELLA MARIS1320 WASHINGTON CLEVELAND, OH 44113	NONE	PC	TO HIRE CONSULTANTS TO PROVIDE BILLING AND TECHNICAL ASSISTANCE FOR BEHAVIORAL HEALTH REDESIGN	30,000
<b>Total . . . . . ▶</b> <b>3a</b>				437,961

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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</b> <i>Paid during the year</i>				
COMMUNITY ASSESSMENT & TREATMENT SVC 8411 BROADWAY CLEVELAND, OH 44106	NONE	PC	FOR IT EQUIPMENT AND SOFTWARE TO ACHIEVE BEHAVIORAL HEALTH REDESIGN COMPLIANCE	19,825
UHHS11100 EUCLID CLEVELAND, OH 44106	NONE	PC	TO ADDRESS MENTAL HEALTH NEEDS FOR CENTERING PREGNANCY PROGRAM PARTICIPANTS	20,000
COMMUNITY RE-ENTRY 4515 SUPERIOR AVENUE CLEVELAND, OH 44103	NONE	PC	TO PROVIDE BEHAVIORAL HEALTH COUNSELING AND SUPPORT FOR WOMEN INVOLVED IN CRIMINAL JUSTICE SYSTEM	10,000
FOUNDATION CENTER-CLEVELAND 1422 EUCLID AVENUE CLEVELAND, OH 44115	NONE	PC	FOR PROGRAM SUPPORT	1,500
MAGNOLIA CLUBHOUSE 11101 MAGNOLIA DRIVE CLEVELAND, OH 44106	NONE	PC	FOR CAPACITY BUILDING TO BEGIN BILLING MEDICAID FOR PSYCHIATRIC REHABILITATION SERVICES	20,000
<b>Total . . . . . ▶</b>				437,961
<b>3a</b>				



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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</b> <i>Paid during the year</i>				
IDEASTREAM1375 EUCLID AVENUE CLEVELAND, OH 44115	NONE	PC	TO PROVIDE BEHAVIORAL HEALTH CARE PROGRAMMING	10,000
DOMESTIC VIOLENCE ADVOCACY CTR PO BOX 2133 CLEVELAND, OH 44101	NONE	PC	TO PROVIDE TRAUMA-INFORMED INDIVIDUALS AND GROUP THERAPY FOR CHILDREN	10,000
CATHOLIC CHARITIES7911 DETROIT CLEVELAND, OH 44103	NONE	PC	TO PURCHASE ASSESSMENTS FOR CLINICAL PROGRAMS	16,000
ACHIEVEMENT CENTERS FOR CHILDREN 4255 NORTHFIELD HIGHLAND HILLS, OH 44125	NONE	PC	PROVIDE EARLY CHILDHOOD AND SPECIAL NEEDS MENTAL HEALTH SERVICES	7,500
CLEVELAND CHRISTIAN HOME 1400 WEST 25 CLEVELAND, OH 44113	NONE	PC	TO UPGRADE THE ELECTRONIC HEALTH RECORD SOFTWARE	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				437,961

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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</b> <i>Paid during the year</i>				
LIVING MIRACLES PEER EMPOWERMENT CTR 11801 CLIFTON BLVD STE 2 LAKEWOOD, OH 44107	NONE	PC	FOR THE HOLISTIC WELLNESS, EDUCATION AND PREVENTION PROGRAM	10,000
LIFE ACT29425 CHAGRIN CLEVELAND, OH 44122	NONE	PC	FOR SUICIDE PREVENTION PROGRAMMING FOR MIDDLE AND HIGH SCHOOL STUDENTS	10,000
MAY DUGAN CENTER4115 BRIDGE CLEWVELAND, OH 44113	NONE	PC	FOR MENTAL HEALTH COUNSELING AND COMMUNITY SERVICES	15,000
MENTAL HEALTH AND ADDICTION ADVOCACY COA 4500 EUCLID CLEVELAND, OH 44103	NONE	PC	FOR OPERATING SUPPORT	25,000
ST VINCENT CHARITY MEDICAL CENTER 2351 EAST 22 CLEVELAND, OH 44115	NONE	PC	FOR RECOVERY COACHES AT ROSARY HALL	15,000
<b>Total</b> . . . . . <b>3a</b>				437,961

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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</b> <i>Paid during the year</i>				
THE SALVATION ARMY2507 EAST 22 CLEVELAND, OH 44115	NONE	EOF	FOR DETOXIFICATION AND INTENSIVE OUTPATIENT DRUG ABUSE TREATMENT	30,000
UNIVERSITY SETTLEMENT 4800 BROADWAY CLEVELAND, OH 44127	NONE	PC	TO PROVIDE YOUTH PREVENTION PROGRAMMING	7,500
THE CENTER FOR COMMUNITY SOLUTIONS 1501 EUCLID AVENUE STE 310 CLEVELAND, OH 44115	NONE	PC	FOR MULTI-SYSTEM YOUTH ADVOCACY IN THE BEHAVIORAL HEALTH REDESIGN	25,000
OHIO GUIDESTONE 434 EASTLAND ROAD BERE A, OH 44017	NONE	PC	FOR MEDICAID REDESIGN COMPLIANCE	25,000
THE CENTERS FOR FAMILIES AND CHILDR 4500 EUCLID AVENUE CLEVELAND, OH 44103	NONE	PC	FOR STAFF TRAINING TO PREPARE FOR OHIO'S BEHAVIORAL HEALTH REDESIGN	10,000
<b>Total</b> . . . . . <b>3a</b>				437,961

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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</b> <i>Paid during the year</i>				
RECOVERY RESOURCES 4269 PEARL ROAD CLEVELAND, OH 44109	NONE	PC	FOR SUPPORT TO OPTIMIZE INTAKE AND BILLING PROCEDURES AND SYSTEMS	25,000
UHCAN REFUND11100 EUCLID CLEVELAND, OH 44106	NONE	PC	MENTAL HEALTH NEEDS FOR CENTERING PREGNANCY PROGRAM PARTICIPANTS	-4,364
<b>Total . . . . .</b> ▶ <b>3a</b>				437,961

**TY 2017 Accounting Fees Schedule**

**Name:** WOODRUFF FOUNDATION  
co DINGUS AND DAGA INC

**EIN:** 23-7425631

**Software ID:** 17005038

**Software Version:** 2017v2.2

**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	6,700	3,350	0	3,350

**TY 2017 Contractor Compensation Explanation**

**Name:** WOODRUFF FOUNDATION  
co DINGUS AND DAGA INC

**EIN:** 23-7425631

**Software ID:** 17005038

**Software Version:** 2017v2.2

<b>Contractor</b>	<b>Explanation</b>
FOUNDATION MANAGEMENT SERVICES	FOUNDATION MANAGEMENT SERVICES INC. PROVIDES VARIOUS SERVICES RELATING TO THE MANAGEMENT AND TRACKING OF THE FOUNDATION ACTIVITIES. ITS COMPENSATION IS BASED ON AN ANNUAL CONTRACT THAT IS APPROVED BY THE WOODRUFF BOARD OF TRUSTEES
ROBERT W BAIRD & COMPANY	INVESTMENT ADVISORY FEES

**TY 2017 Other Expenses Schedule**

**Name:** WOODRUFF FOUNDATION  
co DINGUS AND DAGA INC

**EIN:** 23-7425631

**Software ID:** 17005038

**Software Version:** 2017v2.2

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Behavioral health redesign	12,850			12,850
Event sponsorships	12,813			12,813
Insurance	1,511			1,511
Management fee	98,000			98,000
Membership dues	4,612			4,612
Miscellaneous	3,547			3,547
State Registration	200			200

**TY 2017 Other Income Schedule**

**Name:** WOODRUFF FOUNDATION  
co DINGUS AND DAGA INC

**EIN:** 23-7425631

**Software ID:** 17005038

**Software Version:** 2017v2.2

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Miscellaneous	12,084		



**TY 2017 Other Increases Schedule**

**Name:** WOODRUFF FOUNDATION  
co DINGUS AND DAGA INC

**EIN:** 23-7425631

**Software ID:** 17005038

**Software Version:** 2017v2.2

<b>Description</b>	<b>Amount</b>
UNREALIZED GAIN ON INVESTMENTS	1,076,850

**TY 2017 Other Professional Fees Schedule**

**Name:** WOODRUFF FOUNDATION  
co DINGUS AND DAGA INC

**EIN:** 23-7425631

**Software ID:** 17005038

**Software Version:** 2017v2.2

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING FEE	3,425	0	0	3,425
INVESTMENT MANAGEMENT FEES	78,830	78,830	0	0

**TY 2017 Taxes Schedule**

**Name:** WOODRUFF FOUNDATION  
co DINGUS AND DAGA INC

**EIN:** 23-7425631

**Software ID:** 17005038

**Software Version:** 2017v2.2

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
EXCISE TAXES	5,654	5,654		