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990-PF

Internal Revenue Service

Return of Private Foundation

or-Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning , and ending G Check all that apply Initial return of a former public charity Final return Amended return Address change A Employer identification number Use the IRS Name of foundation lahel 02-0709433 The Vincent Dowling Family Foundation Inc Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print c/o Foundation Source, 501 Silverside Road (800) 839-1754 123 or type. City or town, state, and ZIP code C If exemption application is pending, check here See Specific Instructions. Wilmington 19809-1377 D 1. Foreign organizations, check here H Check type of organization X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test, Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation E If private foundation status was terminated J Accounting method under section 507(b)(1)(A), check here Fair market value of all assets at end X Cash ☐ Accrual Other (specify) of year (from Part II, col (c), F If the foundation is in a 60-month termination Ine 16) ▶ \$ (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here 2.343.108 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes the amounts in column (a) (see page 11 of the instructions)) books (cash basis only) 1,080,375 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ If the foundation is not required to attach Sch B 325 325 Interest on savings and temporary cash investments 18,000 18,000 Dividends and interest from securities 5 a Gross rents Expenses SCANNED MAY Revended b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . 9 Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit or (loss) (attach-schedule Other income (attach schedule) Total. Add lines 1 through 11 1,098,700 18,325 13 Compensation of officers, directors, troules 14 Other employee salanes and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach schedure and Administrative c Other professional fees (attach schedule) 17 Interest 4,082 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 7,869 80 7,789 Other expenses (attach schedule) Operating 24 Total operating and administrative expenses. 80 11,951 7,789 Add lines 13 through 23 25 206,550 206,550 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 218,501 80 214,339 Subtract line 26 from line 12 880,199 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 18,245 c Adjusted net income (if negative, enter -0-)

Form 990-PF (2009)



| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | | or year | | |
|--------------------|---|--|---------------------|--|-----------------------|--|--|
| | | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash—non-interest-bearing | | | | | |
| | 2 | Savings and temporary cash investments | 677,569 | 477,393 | 477,393 | | |
| | 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 (attach schedule) (see page 15 of the | | | | | |
| | | instructions) | | | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | | | |
| S | ' | Less allowance for doubtful accounts | | | | | |
| Assets | 8 | Inventories for sale or use | | | | | |
| SS | 9 | Prepaid expenses and deferred charges | - · | | | | |
| ⋖ | _ | Investments—U.S. and state government obligations (attach schedule) | | | | | |
| | | investments—corporate stock (attach schedule) | 1,126,802 | 2,207,177 | 1,865,715 | | |
| | | Investments—corporate stock (attach schedule) | 1,120,002 | 2,207,177 | 1,000,110 | | |
| | 11 | Investments—and, buildings, and equipment basis | | *** | | | |
| | '' | | | <u> </u> | | | |
| | 12 | Less accumulated depreciation (attach schedule) Investments—mortgage loans | _ | | | | |
| | 13 | Investments—other (attach schedule) | | | | | |
| | 14 | , | | | | | |
| | '* | | | | | | |
| | 4.5 | Less accumulated depreciation (attach schedule) | | | | | |
| | 15 | Other assets (describe | | | | | |
| | 16 | Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 1 004 271 | 2 694 570 | 2,343,108 | | |
| | 47 | | 1,804,371 | 2,684,570 | 2,343,100 | | |
| | 17 | Accounts payable and accrued expenses . | | | | | |
| S | 18 | Grants payable | | | 7 | | |
| ∄ | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | ¥ | | |
| <u>2</u> . | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| _ | 22 | Other liabilities (describe Tatal liabilities (add lines 17 through 22) | | | * | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | | * | | |
| | | Foundations that follow SFAS 117, check here | | | , | | |
| alances | | and complete lines 24 through 26 and lines 30 and 31. | | | , | | |
| Ĕ | 24 | Unrestricted | | | | | |
| ē | 25 | Temporanly restricted . | | | 4,0 | | |
| <u>m</u> | 26 | Permanently restricted | | | | | |
| Net Assets or Fund | | Foundations that do not follow SFAS 117, check here | | | | | |
| Ţ | | and complete lines 27 through 31. | | | | | |
| ō | 27 | Capital stock, trust principal, or current funds | | | , | | |
| ts | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | | |
| Š | 29 | Retained earnings, accumulated income, endowment, or other funds | 1,804,371 | 2,684,570 | * | | |
| ĕ | 30 | Total net assets or fund balances (see page 17 of the | | | | | |
| let | 1 | instructions) | 1,804,371 | 2,684,570 | | | |
| Z | 31 | Total liabilities and net assets/fund balances (see page 17 | | | | | |
| | | of the instructions) | 1,804,371 | 2,684,570 | | | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 | | net assets or fund balances at beginning of year—Part II, column (a), line | 30 (must agree with | | | | |
| _ | | of-year figure reported on prior year's return) | | 1 | 1,804,371 | | |
| 2 | | amount from Part I, line 27a | | 2 | 880,199 | | |
| 3 | | r increases not included in line 2 (itemize) | | 3 | 0 | | |
| 4 | | ines 1, 2, and 3 | | 4 | 2,684,570 | | |
| 5 | | | | | 0 | | |
| 6 | 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,684 | | | | | | |

| (a) List and describe the 2-story brick warehous | (b) How acquired P—Purchase | | Date acquired o , day, yr) | (d) Date sold (mo , day, yr) | | | |
|---|---|----------------|-----------------------------|----------------------------------|--|--------------|--|
| 1a NONE | | | | D—Donation | <u> </u> | | |
| b | | | | | | | |
| c | | | | | <u> </u> | | |
| d | | | | | | • | |
| e | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | | r other basis ense of sale | | | in or (loss) (f) minus (g) |
| a | | | | | | | |
| <u>b</u> | | | | | | | |
| <u>c</u> | | - | | | ļ | | |
| d | | | | | | | |
| | | <u> </u> | | | | | |
| Complete only for assets show | ing gain in column (h) and owne | d by the | | | | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | | ss of col (i) | | | rom col (h)) |
| a | | | | | | | |
| <u>b</u> | | | | | ļ | | |
| С | | | | | | | |
| d | | | | | ļ | | · |
| е | | <u> </u> | | > | | | |
| 2 Capital gain net income or | (net capital loss) { If gain, a lift (loss), | | | rt I, line 7 | 2 | | |
| 3 Net short-term capital gain | | | | | | | |
| If gain, also enter in Part I, I instructions) If (loss), enter | line 8, column (c) (see pages :-0- in Part I, line 8 | 13 an | d 17 of tl | he | 3 | | |
| Part V Qualification Und | | educe | d Tax o | n Net Investm | ent In | come | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · |
| (For optional use by domestic p | • | the se | ction 494 | io(a) tax on net ii | nvesum | ient income |) |
| If section 4940(d)(2) applies, le | ave this part blank | | | | | | |
| Was the foundation liable for th | e section 4942 tax on the dis | tributa | ble amou | ınt of any year ın | the ba | se period? | Yes X No |
| If "Yes," the foundation does no | ot qualify under section 4940 | (e) Do | not comp | plete this part | | | |
| 1 Enter the appropriate amo | ount in each column for each | vear. s | see page | 18 of the instruct | tions b | efore making | any entries |
| (a) | 1 | , , · | 3- | | | | (d) |
| Base period years | (b) Adjusted qualifying distribution | nns | Net value | (c) of nonchantable-use a | assets | | stribution ratio |
| Calendar year (or tax year beginning i | n) | | | | | (col (b) | divided by col (c)) |
| 2008 | - | 0,782 | | | 5,937 | <u>.</u> | 0 165372 |
| 2007 | | 4,675 | | | 0,273 | | 0 295599 |
| 2006 | | 8,042 | | | 3,069 1,794 | | 0 088480 0 320448 |
| 2005 | | 4,390 9,826 | | | | | 0 828034 |
| 2004 | | 9,020 | | | 8,481 | 1 | 0 020034 |
| 2 Total of line 1, column (d) | | | | | | 2 | 1 697933 |
| 3 Average distribution ratio for | or the 5-vear base period—di | vide th | e total on | line 2 by 5 or by | , F | - | 1 007 000 |
| | andation has been in existent | | | | ' | 3 | 0 339587 |
| • | | | | • | | | |
| 4 Enter the net value of nonc | haritable-use assets for 2009 | from | Part X, lir | ne 5 | | 4 | 1,411,612 |
| 5 Multiply line 4 by line 3 | | | | | | 5 | 479,365 |
| · - | | | | | Γ | | |
| 6 Enter 1% of net investment | income (1% of Part I, line 27 | ' b) | | | - | 6 | 182 |
| 7 Add lines 5 and 6 | | | | | ļ | 7 | 479,547 |
| 8 Enter qualifying distribution | s from Part XII line 4 | | | | | 8 | 214,339 |
| If line 8 is equal to or greate | er than line 7, check the box | ın Part | VI, line 1 | b, and complete | that pa | | |
| the Part VI instructions on p | page 18 | | | | | | |

Page 4

| E | Pair VI Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4940—s | e pa | ige i | o or the | HISL | ructio | ons) |
|----|---|----------|----------|--------------|--------------|------------------|--|
| 1 | 1 a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 |) | | | | | |
| | Date of ruling or determination letter(attach copy of letter if necessary—see instructions) | | <u> </u> | | | | |
| | b Domestic <u>fou</u> ndations that meet the section 4940(e) requirements in Part V, check | 7 | 1 | | | 365 | _ |
| | here ▶ ☐ and enter 1% of Part I, line 27b | | | | | | |
| | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% |) | <u> </u> | | | | |
| _ | of Part I, line 12, col (b) | | | | | ^ | |
| 2 | * | | 2 | | | 0 365 | |
| 3 | | | 3 | | | 305 | - |
| 4 | | | 5 | | - | 365 | |
| 5 | | | - | <u> </u> | | 202 | |
| 6 | 6 Credits/Payments and 2008 overpayment credited to 2009 6a 3,704 | | 1 | | | | |
| | b Exempt foreign organizations—tax withheld at source . 6b | | 1 | | | | |
| | c Tax paid with application for extension of time to file (Form 8868) . 6c 0 | | 1 | | | | |
| | d Backup withholding erroneously withheld | _ | 1 | | | | |
| 7 | 7 Total credits and payments Add lines 6a through 6d | | 7 | | | 3,704 | |
| 8 | | | 8 | | | 0 | |
| 9 | | | 9 | | | 0 | |
| 10 | | • | 10 | | | 3,339 | |
| 1 | | ed ▶ | 11 | | | 2,939 | |
| Р | Part VII-A Statements Regarding Activities | | | | | 1 | |
| _ | 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | = | | Yes | No |
| • | participate or intervene in any political campaign? . | | | | 1a | 1.00 | X |
| | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 or | the | | | ٿ | | ^ |
| | instructions for definition)? | () IC | | | 1ь | l | x |
| | 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 | | | | 1 | | |
| | c Did the foundation file Form 1120-POL for this year? | | | | 1c | | X |
| | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | | |
| | (1) On the foundation \$ (2) On foundation managers \$ | | | | | | |
| | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | | |
| | on foundation managers \$ | | | | | <u> </u> | |
| 2 | 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | | | |
| 3 | 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | i | | | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | | 3 | | X |
| 4 | 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | | 4a | | Х |
| _ | b If "Yes," has it filed a tax return on Form 990-T for this year? | | | | 4b | N/A | <u> </u> |
| 5 | 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | 5 | _ | X |
| _ | If "Yes," attach the statement required by General Instruction T. | | | | 1 \ | | |
| • | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | ŀ | | |
| | By language in the governing instrument, or By language in t | | | | | 1 | |
| | 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? | | | | 6 | X | |
| 7 | 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col | (c) a | and P | art XV | 7 | x | |
| | 8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the | (0), 6 | | un XV | <u> </u> | ^ ` | |
| | instructions) ▶ DE | | | | | | |
| | 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? If "No," attach explanation | | | | 8b | X | |
| 9 | 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on pa | ge 27 | 7)? | | | | |
| | If "Yes," complete Part XIV | | | | 9 | | X |
| 1 | 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing | | | | | | |
| _ | their names and addresses | | | | 10 | | X |
| | | | | | | | |

| | Obstance of Department of Administration of the Confirmed Confirme | - 100 | | |
|----|--|-----------|----------|-------------|
| | t VII-A -Statements Regarding Activities (continued) | | | |
| 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)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | _x |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | <u> </u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address | | | |
| 14 | The books are in care of C/o Foundation Source Telephone no Telephone no Telephone no ■ | (800 |) 839- | 1754 |
| | Located at ► 501 Silverside Road, Suite 123, Wilmington, DE ZIP+4 ► 19809-1377 | | | |
| 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 . | | | |
| Pa | rt 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. | | Yes | No |
| 1a | 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? Yes X No | | · | > |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | , |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | ااا | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | ^ | |
| | (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? (Exception. 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) | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any 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 page 20 of the instructions)? | 1b | N/A | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | 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 2009? | 1c | | X |
| 2 | 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)) | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2009? Yes X No | | | , |
| _ | If "Yes," list the years 20 | | | 1 |
| b | Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement—see page 20 of the instructions) | 2b | N/A | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| 3a | Dud the foundation held more than a 2% direct or indirect interest in any hijsiness | | | |
| Jd | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | | 1 |
| ь | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation | | | |
| IJ | 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) | 1 | | |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | | | |
| | if the foundation had excess business holdings in 2009) | 3b | N/A | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | , | Х |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable | <u> </u> | | |
| ~ | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | | Х |
| | | | | |

| Part VIIIS | Førr | 990-PF (2009) The Vincent Dowling Family | Foun | dation Inc | | | | | 02-070 | 9433 | Р | age 6 |
|---|----------|---|---------|------------------------|----------|---------------------|----------|---------------------|------------|----------|---------|--------------|
| Sa During the year did the foundation pay or incur any amount to (1) Carry on propagands or otherwise attempt to influence legislation (section 4945(e))? | Pa | t VII-B -Statements Regarding Activi | ies f | or Which Forn | n 47 | 20 May Be R | equire | d (continued) | | | | |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(c)(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to offider or animals? b If any answer is "Yes" to 5a(1)-(5), and 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance sheek here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expendative responsibility for the grant? If "Yes," attach the statement required by Regulations section 33 4945-5(if) B Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6.8. the Form 8870 A At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 to the prevent employee benefit plans and deferred compensation. (b) Title, and average the provided to position of the proper seal of the instructions). (c) Compensation ((d) Contributions to employee paid more than | | | | | | | | | | | | |
| on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(b)(2)? (see page 22 of the instructions) (5) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(b)(2)? (see page 22 of the instructions) (6) Provide of ramy purposes other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b) If any answer is "Yes" to question 540, does the furnament of the transactions fall to qualify under the exceptions described in Regulations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here If I we should be the foundation seem of the fundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes X No If Ye | | (1) Carry on propaganda, or otherwise attempt | to infl | uence legislation (| secti | on 4945(e))? | | Yes | X No | | | |
| (3) Prowde a grant to an individual for travel, study, or other similar purposes? | | (2) Influence the outcome of any specific public election (see section 4955), or to carry | | | | | | <u> </u> | | | | |
| (4) Provide a grant to an organization other than a chantable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) | | on, directly or indirectly, any voter registration drive? | | | | | | X No | | | | |
| (4) Provide a grant to an organization other than a chantable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) | | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | Yes | X No | | | |
| in section 509(a)(1), (2), or (3), or section 4940(a)(2)? (see page 22 of the instructions) | | • • | - | · · | | | - | | | | | |
| educational purposes other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or annals? b If any answer is "Yes" to 54(1)—(6), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Criganizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Criganizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Criganizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? If "Yes in the statement required by Regulations section 53 4945–5(d) Bit the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes in 56, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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 page 22 of the instructions). (a) Name and address (b) Tite, and average hours per week devoted to position (c) Compensation (see page 23 of the instructions). 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 of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (d) Contributions to employee benefit pairs and deferred compensation of employee benefit pairs and deferred compensation. (e) Expense account, other allowances (e) Expense account, other allowances NONE | | | | | | | | Yes | X No | | | |
| 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions) and the second of the statement required by Regulations section 53 4945–5(d) But the foundation during the year, receives any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation change hyear, pay premiums, directly or indirectly, on a personal benefit contract? The second of the foundation receives any roceased or have any net income attributable to the transaction? The life foundation during the foundation aparty to a prohibited tax shelter transaction? The life foundation receives any proceased or have any net income attributable to the transaction? The life foundation receives any proceeds or have any net income attributable to the transaction? The life foundation foundation and the foundation of the foundation and the foundation of the foundation of the instructions. (a) Name and address foundation and different compensation (see page 22 of the instructions). (b) Title, and average hours per week devoted to position (fine) paid, enter growing and deferred compensation (e) Expense account, other allowances of the position of the highest-paid employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (e) Compensation (e) Compensation (e) Compensation | | (5) Provide for any purpose other than religious | s. chai | itable, scientific, li | terar | v. or | | | | | | |
| 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 4495 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here c 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? If "Yes," attach the statement required by Regulations section 53 4945–5(d) B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945–5(d) D Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," other born 8870 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 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 page 22 of the instructions). (a) Name and address (b) Title, and average devoted to position (c) Compensation (see page 23 of the instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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 pairs and deferred compensation compensation. (e) Expense account, other allowances (e) Expense account, other allowances (f) Compensation (c) Compensation (e) Expense account, other allowances | | (-) | , | | | • 1 | | Yes | X No | | | |
| Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," tatach the statement required by Regulations scott 53 4945–5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 8b, file Form 8870 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes X No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Tife, and average devoted to position (c) Compensation (fine page 23 of the instructions). (a) Name and address of each employee paid more than \$50,000 (b) Tife, and average hours per week devoted to position (c) Tife, and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (file) Expense account, other allowances (g) Name and address of each employee paid more than \$50,000 (g) Tife, and average hours per week devoted to position (g) Tife, and average hours per week devoted to position (g) Compensation (e) Compensation (e) Expense account, other allowances (e) Expense account, other allowances (file) Expense account, other allowances | b | If any answer is "Yes" to 5a(1)–(5), did any of the | trans | actions fail to qual | ıfv ur | nder the exceptio | ns desc | _ | | | | |
| Organizations relying on a current notice regarding disaster assistance check here C If the answer is "Ses" to question 5a(4), does the foundation claim exemption from the tax because if maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Ga Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Organization of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Organization of the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the foundation directly or indirectly, on a personal benefit contract? Organization of the indirectly organization organ | ~ | * | | • | - | - | | | | 5b | N/A | |
| c 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? if "Yes," take the statement required by Regulations section 53 4945-5(d) 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (e) Contributions to employee benefit plans and deferred compensation (f) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (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 (b) Title, and average hours per week devoted to position (e) Compensation (e) Compensation (e) Expense account, other allowances (c) Compensation (e) Compensation (e) Expense account, other allowances | | _ | | | | | | • | . 🗆 | | | |
| tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7c At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation and party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation and party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation and party to a prohibited tax shelter transaction? 7c At any time during the tax year, was the foundation that the foundation transaction? 7c At any time during the tax year, was the foundation transaction? 7c At any time during the tax shelter transaction? 7c At any time during the tax shelter transaction? 7c At any time during the tax shelter transaction? 7c At any time during the tax shelter transaction? 7c At any | c | | _ | | | | | _ | _ | | | |
| ## *Yes, * attach the statement required by Regulations section 53 4945-5(d) 10 the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | · | | | • | | | | Yes | X No | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No Sb X If "Yes" to 6b, file Form 8870 | | · | - | - | (d) | • | • | 3 | ۰۰۰ نـــ | | Ì | |
| premiums on a personal benefit contract? | 62 | • | | | | pav | | | |]] | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 2 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes X No The N/A 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 page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position Tinone, enter "NONE." (b) Title, and average hours per week hours per week hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation (fin to paid, enter "none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 The Analysis of the instructions of t | • | | , | | ,, | r-, | | Yes | X No | | | |
| ## Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes X No 7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 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 page 22 of the Instructions). (a) Name and address (b) Tite, and average hours per week (if not paid, enter devoted to position devoted to position of five highest-paid employees (other than those included on line 1—see page 23 of the Instructions). 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the Instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tite, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation (c) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances (e) Expense account (e) Expense account (e) Expense account (e) Expense account (e) Expense | h | | s dire | ctly or indirectly o | n a r | personal benefit o | contract | | ۰۰۰ بن | 6b | | X |
| Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average foundation (find paid, enter demonstration) SEE ATTACHMENT (a) Name and address of each employees (other than those included on line 1—see page 23 of the instructions). (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (find a verage hours per week devoted to position (g) Expense account, other allowances | _ | | o, e | ony or,, o | | | | | | | | i |
| b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b N/A 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 page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (g) Expense account, other allowances (e) Expense account, other allowances | 7a | • | nn a n | arty to a prohibited | i tax | shelter transaction | n? | Yes | X No | | | |
| Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (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 (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances NONE | | | | | | | | ш . | ٠ دي | 7b | N/A | ' |
| And Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter ob) (d) Contributions to employee benefit plans and deferred compensation other allowances (e) Expense account, other allowances SEE ATTACHMENT 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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 (f) Title, and average hours per week devoted to position (g) Expense account, other allowances (h) Title, and average hours per week devoted to position (g) Compensation (g) Compensation (g) Expense account, other allowances | | | | | | | | | Paid En | | | |
| 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Tride, and average hours per week devoted to position (c) Compensation (fir not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (fir not paid, enter -0-) (a) Name and address of each employee paid more than \$50,000 (b) Tride, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances | _ | | , Dii | cotors, rruste | .00, | 1 oundution | iriai ia | gers, mgmy | · u.u L. | .p.oy | , | |
| (a) Name and address (b) Title, and average (b) (c) Compensation (find paid, enter employee benefit plans and deferred compensation SEE ATTACHMENT 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (b) Title, and average devoted to position (c) Compensation employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (find paid, enter employee page 23 of the instructions). (g) Contributions to employee page 23 of the instructions (e) Compensation (g) Contributions to employee page 23 of the instructions). (g) Expense account, other allowances (g) Compensation (g) Contributions to employee benefit other allowances (g) Contributions to employee page 23 of the instructions). (g) Expense account, other allowances (g) Compensation (g) Contributions to employee page 23 of the instructions). | 1 | | latio | n managers and | d the | eir compensati | ion (se | e page 22 of 1 | he instru | ctions | s). | |
| (a) Name and address devoted to position devot | <u> </u> | | | Title, and average | (c |) Compensation | (0 | i) Contributions to | (e | | | unt |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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 NONE. (c) Compensation (e) Contributions to employee benefit plans and deferred compensation (other allowances) | | (a) Name and address | ۱ ، | | (If | | | | S ` | | | |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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 | SE | ATTACHMENT | ╅ | overed to posicion | | | | | - | | | |
| 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 | | | | | l | | | | | | | |
| 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 | | | 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 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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 | | | | | <u> </u> | | | | | | | |
| (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 | 2 | | yees | (other than the | ose | included on lii | ne 1—: | see page 23 o | f the inst | ructio | ns). | |
| (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position NONE (b) Nurs per week devoted to position (c) Compensation employee benefit plans and deferred compensation (e) Expense account, other allowances | | If none, enter "NONE." | | | | | | | | | | |
| NONE (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (b) Compensation plans and deferred compensation other allowances | | | | (b) Title, and avera | age | | | | |) Evnen | :e acco | unt |
| NONE Compensation | (a | Name and address of each employee paid more than \$5 | 0,000 | | | (c) Compensation | on | | _ | | | |
| | | | | devoted to position | on | | | compensation | | | | |
| Total number of other employees paid over \$50,000 | ЙČ | NE | | | | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | ļ <u></u> | | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | - 1 | | | | | | | |
| Total number of other employees paid over \$50,000 | _ | | | | | | -+ | | | | | |
| Total number of other employees paid over \$50,000 | | | | | ł | | ŀ | | | | | |
| Total number of other employees paid over \$50,000 | _ | | | | _ | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | 1 | | | | | | | | |
| Total number of other employees paid over \$50,000 | _ | | | | \dashv | | -+ | | | | | |
| Total number of other employees paid over \$50,000 | | | · · | } | | | | | | | | |
| | To | al number of other employees paid over \$50 | .000 | <u> </u> | | | | | ı | • | | |

Form 990-PF (2009)

| Form 990-PF (2009) The Vincent Dowling Family Foundation Inc | | 02-0709433 Page / |
|--|---|-------------------|
| Part Vill Information About Officers, Directors, Trustees | s, Foundation Managers, Highly Paid | Employees, |
| and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services (s | see page 23 of the instructions). If none, ente | r "NONE." |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | (-), -, - | (6) |
| NONL | | |
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| | | |
| | | |
| 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 chantable activities during the tax year. Include relev- | vant statistical information such as | <u> </u> |
| the number of organizations and other beneficiaries served, conferences convened, research | | Expenses |
| 1 NONE | | |
| | | |
| | | |
| 2 | | |
| 2 | , | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see pa | ge 24 of the instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax | year on lines 1 and 2 | Amount |
| 1 NONE | | |
| | | |
| | | |
| 2 | | |
| *************************************** | , | |
| | , | |
| All other program-related investments See page 24 of the instructions | | |
| 3 | | |
| • | | |
| ••••• | | |
| Total. Add lines 1 through 3 | - | 0 |
| TOTAL AUGUSTES I USUUGI S . | | U |

| • | Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes. | | |
|---|---|--------------|---------|
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 214,339 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | 0 |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 214,339 |
| 5 | 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 page 26 of the instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 214,339 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | e foundation | |

qualifies for the section 4940(e) reduction of tax in those years

| | Am Citaloutioution | ne-(see-page-zo-or-t | | | | |
|----|------------------------------------|------------------------|-------------------|---------------------------|-------------|-------------|
| | | | (a) Corpus | (b) Years pnor to 2008 | (c) 2008 | (d) 2009 |
| 1 | Distributable amount for 2009 fr | rom Paπ XI, | Corpus | rears prior to 2000 | 2000 | |
| _ | line 7 | | | | | 70,216 |
| 2 | Undistributed income, if any, as | of the end of 2009. | | | | |
| а | Enter amount for 2008 only | • | x · y = · · · · · | | 0 | |
| b | Total for prior years 20, | 20, 20 | ··· | 0 | | |
| 3 | Excess distributions carryover, | if any, to 2009 | | | | |
| а | From 2004 | 88,230 | | | | - |
| b | From 2005 | 137,251 | | | | |
| С | From 2006 | 57,440 | | | | |
| d | From 2007 | 470,555 | | | | |
| e | From 2008 | 184,687 | | | | |
| | | 104,001 | 938,163 | -1 | | |
| _f | Total of lines 3a through e | Afron Dod | 930,103 | | | <u> </u> |
| 4 | Qualifying distributions for 2009 | | 7 . 6 | 4 | * | |
| | XII, line 4 • \$ | | | * | | |
| a | • • • | | . 3 . | š | 0 | <u> </u> |
| b | Applied to undistributed income | of prior years | | | | |
| | (Election required—see page 2 | 6 of the instructions) | | 0 | | |
| C | Treated as distributions out of o | corpus (Election | | | | |
| | required—see page 26 of the in | structions) . | | ` | | <u></u> |
| d | Applied to 2009 distributable an | nount . | | | | 70,216 |
| е | Remaining amount distributed of | out of corpus . | 144,123 | 3 | | |
| 5 | Excess distributions carryover a | • | | 1 | | 0 |
| | (If an amount appears in column | | | | | |
| | same amount must be shown in | • • • | | | | , |
| 6 | Enter the net total of each col | | | | | , |
| O | Indicated below: | iuiiiii as | < 4, 5 | * * * | | |
| _ | | 0 | 4 000 000 | - | | ļ |
| а | Corpus Add lines 3f, 4c, and 46 | | 1,082,286 | , , | | |
| b | | e Subtract | | | | |
| | line 4b from line 2b | | * | 0 | | |
| C | Enter the amount of prior years | ' undistributed | | | | |
| | income for which a notice of de- | ficiency has | * | | | , è , |
| | been issued, or on which the se | ection 4942(a) | | | | , |
| | tax has been previously assess | ed | | | ` | į |
| d | Subtract line 6c from line 6b Ta | | | | | |
| _ | amount—see page 27 of the ins | | | 0 | | , |
| _ | Undistributed income for 2008 | | 3 | | | |
| C | | | | | | |
| | 4a from line 2a Taxable amour | it—see page 27 of the | * * | | | e |
| , | Instructions | · . | | | 0 | |
| f | Undistributed income for 2009 | | | | \$ * | |
| | lines 4d and 5 from line 1 This | amount must | | | - | |
| _ | be distributed in 2010 . | • | | , « | * * > | 0 |
| 7 | Amounts treated as distribution | s out of | | | | |
| | corpus to satisfy requirements i | mposed by | | * *** * | ~ <i>X</i> | |
| | section 170(b)(1)(F) or 4942(g) | (3) (see page 27 of | | | | |
| | the instructions) | · - | | * | | |
| 8 | Excess distributions carryover f | rom 2004 | | | | |
| | not applied on line 5 or line 7 (s | | | | | |
| | instructions) | | 88,230 | , | , | 1 |
| 9 | Excess distributions carryove | er to 2010 | 00,230 | <u> </u> | | <u> </u> |
| • | • | | 004.056 | , | | |
| 10 | Subtract lines 7 and 8 from line | Od | 994,056 | 7 | | |
| 10 | Analysis of line 9 | 1 | | | | |
| _ | Excess from 2005 | 137,251 | | | | |
| b | Excess from 2006 | 57,440 | | 1 | , | 1 |
| С | Excess from 2007 | 470,555 | | | | |
| d | Excess from 2008 . | 184,687 | | | | |
| е | Excess from 2009 | 144,123 | | | | |

02-0709433

Total

| Part XV Supplementary Information (continu | ued) | | | |
|---|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the | Year or Approved fo | r Future Pay | ment | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| Name and address (home or business) a Paid dunng the year SEE ATTACHMENT | | recipient | Contribution | |
| | | | | |
| | | | | |
| | | | | |
| Total | • | | ▶ <u>3</u> a | 206,550 |
| b Approved for future payment NONE | | | | |

| Enter gross amounts unless otherwise indicated | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (See page 28 of |
|--|--------------------------------------|-------------|--------------------------------|---------------------|---|
| 1 Program service revenue | | | | | the instructions) |
| 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 | 325 | |
| 4 Dividends and interest from securities . | | | 14 | 18,000 | |
| 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 | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events . | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | | | |
| b | | | | | |
| | 1 | | | | |
| c | | | | | |
| | | | | | |
| c | | | | | |
| c d e 12 Subtotal Add columns (b), (d), and (e) | | 0 | | 18,325 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) | | 0 | | 18,325 13 | 0 18,325 |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calci | | | | | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the columns (b). Part XVI-B Relationship of Activities to the Activities to th | complishment | of Exempt P | urposes | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilorate XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which incom | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcular to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt to the Action No. | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcular to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt to the Action No. | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |
| c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcilor to the Action No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) | complishment e is reported in col | of Exempt P | urposes VI-A contributed in | 13 | |

Yes No

| • | | |
|-----------|--|-----------------------|
| Part XVII | Information Regarding Transfers To and Transactions and Relationsh | ps 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) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | litical | | | |
|--|--------------------------------|---|-----------------|-------------------------|---------------------|--|--------------------------|----------|-----------------|--|--------|
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | | | | | | | | | 1 |
| | (1) Cash | | | | | | | | 1a(1) | X | |
| | | her assets | | | | | | | | 1a(2) | X |
| b | | transactions | | | | | | | | | |
| | . , | les of assets to a nonc | | • | • | | | | | 1b(1) | X |
| | | rchases of assets fron | | | ization . | | | | • | 1b(2) | X |
| | | ental of facilities, equip | | r assets | | | | | | 1b(3) 1b(4) | X |
| | | embursement arranger ans or loan guarantee | | • | | | • | | | 1b(5) | x |
| | | erformance of services | | np or fundraising s | olicitations | | | • | | 1b(6) | X |
| | | g of facilities, equipme | | | | es | | | | 1c | Х |
| | value o | inswer to any of the ab of the goods, other ass n any transaction or sh | ets, or service | es given by the rep | orting foundat | ion If th | e foundation rec | eived | l less than | fair market | d |
| (a) | ∟ine no | (b) Amount involved | (c) Name | of noncharitable exempt | torganization | (d) Des | scription of transfers, | transa | ctions, and sh | naring arranger | nents |
| | 1 | | NONE | | | | | | | | |
| | | | <u> </u> | | | <u> </u> | | | | | |
| | | | _ | | | | | | | | |
| - | | | | | | <u> </u> | | | | | |
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| | | | | | | | | | | | |
| 2a | | foundation directly or ii | | | | | | ions | , | | |
| _ | | bed in section 501(c) of i," complete the followi | | ther than section 5 | 501(c)(3)) or in | section | 527? | | · 🗀) | res X No | |
| | ii res | (a) Name of organization | ng schedule | (h) Type | of organization | | (a) Das | crintial | n of relationsh | 210 | |
| N/A | | (a) Name of organization | | (в) гуре | or organization | | (c) Des | cription | 1 or relationsr | пр | |
| 13// | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | - | | |
| | | | | l | | | <u> </u> | | | | |
| | | er pendities of pendiny, I deck f, it is ture correct, and com | | | taxpayer or fiducia | | d on all information of | f which | | s any knowledo | |
| j. | Sig | nature of officer or trustee | // | | Da | | Titl | e | - 1 4 | | |
| Sign Here | Paid Preparer's Use Only | Preparer's Jef | frey D. | Haskell | Date 04/15/2 | 010 | Check if self-employed ▶ | | • | dentifying e Signature on he instructions | |
| | rep Use | signature Firm's name (or yours if | LOUNDA | TION COURCE | <u> </u> | | <u> </u> | | | | |
| | " - | seir-employed), address, | | TION SOURCE | ID OT 00004 | | | EIN | | N 920 4754 | |
| | <u> </u> | and ZIP code | 55 WALL | S DRIVE, FAIRFIE | LD, CT 06824 | | | Pho | • | 0) 839-1754 orm 990-PF | |
| | | | | | | | | | FC | カルリ ララク・ピ ピ | (2009) |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB_No._1545_0047_

2009

| Name of the organization | | Employer identification number |
|--|---|--|
| The Vincent Dowling I | Family Foundation Inc. | 02 0709433 |
| Organization type (check | one) | * |
| Filers of: | Section: | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private | foundation |
| | 527 political organization | |
| Form 990-PF | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private fou | ındatıon |
| | ☐ 501(c)(3) taxable private foundation | |
| , , | is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General f | Rule and a Special Rule See |
| General Rule | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ | 5,000 or more (in money or |
| Special Rules | | |
| sections 509(a)(1) |)(3) organization filing Form 990 or 990-EZ that met the 331/3% support and 170(b)(1)(A)(vi), and received from any one contributor, during the 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E2 | year, a contribution of the greate |
| the year, aggregate | o(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charges, or the prevention of cruelty to children or animals. Complete Parts I | ırıtable, scientific, literary, or |
| the year, contributio aggregate to more to year for an exclusive | (7), (8), or (10) organization filing Form 990 or 990-EZ that received from for use exclusively for religious, charitable, etc., purposes, but these han \$1,000. If this box is checked, enter here the total contributions that left religious, charitable, etc., purpose. Do not complete any of the particular particular because it received nonexclusively religious, charitable, etc., contributions to the particular parti | e contributions did not at were received during the s unless the General Rule |
| 990-EZ, or 990-PF), but it r | nat is not covered by the General Rule and/or the Special Rules does roust answer "No" on Part IV, line 2 of its Form 990, or check the box or PF, to certify that it does not meet the filing requirements of Schedule | n line H of its Form 990-EZ, |

| age. | - 1 | of | 1 | of | Part | 1 |
|------|-----|----|---|----|------|---|

Na

| ame of organization | Employer Identification numb |
|--|--|
| The Vincent Dowling Family Foundation Inc. | 02 0709433 |

| Part I | Contributors (see instructions) | | |
|------------|---|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | Dowling, Jr., Vincent J. 190 Farmington Avenue, Farmington, CT 06032 | \$ 1,080,375.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| ••••• | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| ••••• | | \$ | Person Payroll Noncash Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II if there is a noncash contribution) |

| Name of organization | Employer identification number |
|--|--------------------------------|
| The Vincent Dowling Family Foundation Inc. | 02 : 0709433 |

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 1 | MONTPELIER RE HLDGS (MRH), 45000 sh. | | |
| | | \$ 803,700.00 | 12/29/2009 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1 | XL Capital Ltd Cl A (XL), 15000 sh. | | |
| | | \$ 276,675.00 | 12/15/2009 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part I, Line 18 - Taxes

| | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purpose | |
|-----------------------|------------------------------|---------------------------|-------------------------------|------------------------------|---------------|
| EXCISE TAX FOR 2006 | \$3,914 | 0\$ | • | 0\$ | |
| IRS MISCELLANEOUS FEE | \$168 | 0\$ | • | O # | |
| TOTAL: | \$4,082 | 80 | , | 0\$ | |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part I, Line 23 - Other expenses

| | (a) Expenses per Books | (b) Net investment Income | (c) Adjusted Net Income | (d) Charitable Purpose |
|---------------------|------------------------------|---------------------------|-------------------------------|------------------------------|
| ADMINISTRATIVE FEES | \$7,789 | 0\$ | , | \$7,789 |
| BANK CHARGE | \$80 | \$80 | • | 0\$ |
| TOTAL: | \$7,869 | 98\$ | • | \$7,789 |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part II, Line 10b - Columns (b) & (c) - Investments: Corporate Stock

| Shares | Description/Symbol | Line 10b - Column (b) Book Value | Line 10b - Column (c) Fair Market Value | I |
|--------|---------------------------------|-------------------------------------|--|---|
| | | | | |
| 10000 | AON CORP (AON) | \$458,850 00 | \$383,400.00 | |
| 7500 | THE FIRST MARBLEHEAD CORP (FMD) | \$349,400.00 | \$15,975 00 | |
| 45000 | MONTPELIER RE HLDGS (MRH) | \$803,700 00 | \$779,400 00 | |
| 3750 | BERKLEY W R CP (WRB) | \$119,362 50 | \$92,400 00 | |
| 30000 | XL CAPITAL LTD CL A (XL) | \$414,514 00 | \$549,900 00 | |
| 1500 | ZENITH NATL INS CP (ZNT) | \$61,350 00 | \$44,640 00 | |
| | TOTAL | L \$2,207,177 | \$1,865,715 | |
| | | | _ | |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

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

| (e) Expense account, other allowances | 00 0\$ | \$0.00 | 00 0\$ | 00 0\$ | 00 0\$ | 00 0\$ |
|---|--|--|--|--|---|---|
| (d) Contributions to employee benefit plans and deferred compensation | \$0.00 | 00 0\$ | 00 0\$ | 00 0\$ | 00 0\$ | 00 0\$ |
| (c) Compensation (if not paid, enter -0-) | 00 0\$ | 00 0\$ | 00 0\$ | 00 0\$ | 00 0\$ | 00 0\$ |
| (b) Title, and average hours per week devoted to position | President / Director / Secretary hour(s) per week | Vice President hour(s) per week | Vice President hour(s) per week | Vice President hour(s) per week | Vice President hour(s) per week | Vrce President hour(s) per week |
| | 7 | 7 | ٨ | 2 | 2 | ٧ |
| (a) Name and address | Vincent J Dowling, Jr. c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377 | Alexanderson Jane Dowling do Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377 | Jane C Dowling c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377 | Porter R Dowling c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377 | Vincent J Dowling c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377 | Vincent J Dowling III c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377 |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part VIII, Line 1 - List all foundation officers, directors, trustees, 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 |
|--|---|---|---|---------------------------------------|
| Caroline D Klotz c/o Foundation Source 501 Silverside Road Suite 123 Wilmington, DE 19809-1377 | Director <1 hour(s) per week | 00 0\$ | 00 0\$ | \$0.00 |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

| If recipient is an Individual, show any relationship to any foundation manager any foundation manager or substantial contributor and address (home or business) or substantial contributor or SUSTMOUTH INC N/A | | | | |
|---|--|--------------------------------------|----------------------------------|-------------|
| | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of reciplent | Purpose of grant or contribution | Amount |
| PO BOX 185, PITTSBURGH, PA 15230 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$250 00 |
| | | | | |
| AVON OLD FARMS SCHOOL INC 500 OLD FARMS RD, AVON, CT 06001 | NA | 509(a)(1) | GENERAL & UNRESTRICTED | \$25,000 00 |
| FOUNDATION TO ERADICATE DUCHENNE INC PO BOX 2371, ALEXANDRIA, VA 22301 | ΝΆ | 509(a)(1) | GENERAL & UNRESTRICTED | \$2,500 00 |
| FRIENDS OF THE OSWEGATCHIE HILLS NATURE PRESERVE INC | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$2,000 00 |
| PO BOX 163, EAST LYME, CT 06333 | | | | |
| HILL-STEAD MUSEUM 35 MOUNTAIN RD, FARMINGTON, CT 06032 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$3,000 00 |
| HOLY CROSS CATHOLIC CHURCH 500 IRIS LANE, VERO BEACH, FL 32963 | NA | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,000 00 |
| HOPE FOR VISION INC 415 MADISON AVENUE, NEW YORK, NY 10017 | NA | 509(a)(1) | GENERAL & UNRESTRICTED | \$500 00 |
| INDIAN RIVER HOSPITAL FOUNDATION INC 1000 36TH ST, VERO BEACH, FL 32960 | N/A | 509(a)(2) | GENERAL & UNRESTRICTED | \$1,000 00 |

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The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

| Decision name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|----------------------------------|------------|
| JOHN'S ISLAND FOUNDATION INC | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,000 00 |
| 6001 NORTH A1A, #PMB 8323, INDIAN RIVER SHORES, FL 32963 | | | | |
| KINGSWOOD OXFORD SCHOOL INC | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$5,000 00 |
| 170 KINGSWOOD RD, WEST HARTFORD, CT 06119 | | | | |
| LEHIGH UNIVERSITY | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$2,500 00 |
| 622 BRODHEAD AVE, BETHLEHEM, PA 18015 | | | | |
| LEUKEMIA & LYMPHOMA SOCIETY, NATIONAL CAPITAL AREA CHAPTER | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,000 00 |
| 5845 RICHMOND HWY, SUITE 800, ALEXANDRIA, VA 22303 | | | | |
| MARCH OF DIMES FOUNDATION | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,000 00 |
| 1275 MAMARONECK AVE, WHITE PLAINS, NY 10605 | | | | |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,250 00 |
| 733 3RD AVE FL 3, NEW YORK, NY 10017 | | | | |
| OLD SAYBROOK YOUTH AND FAMILY SERVICES FOUNDATION INC | K/Z | 509(a)(1) | GENERAL & UNRESTRICTED | \$500 00 |
| 322 MAIN ST, OLD SAYBROOK, CT 06475 | | | | |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVE RM 480, CAMBRIDGE, MA 02138 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$5,000 00 |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

| 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 reciplent | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|----------------------------------|--------------|
| SPECIAL OPERATIONS WARRIOR FOUNDATION 4409 W EL PRADO BLVD, TAMPA, FL 33629 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$2,500 00 |
| ST FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET, HARTFORD, CT 06105 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$550.00 |
| ST VINCENTS SERVICES INC 66 BOERUM PL, BROOKLYN, NY 11201 | N/A | 509(a)(1) | AMERICAN DREAM PROGRAM | \$2,500 00 |
| ST PETER CLAVER CATHOLIC CHURCH 47 PLEASANT STREET, WEST HARTFORD, CT 06107 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,000 00 |
| TAFT SCHOOL CORPORATION 110 WOODBURY RD, WATERTOWN, CT 06795 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$25,000 00 |
| TALCOTT MOUNTAIN SCIENCE CENTER FOR STUDENT INVOLVEMENT INC MONTEVIDEO ROAD, AVON, CT 06001 | ۸/۸ | 509(a)(2) | GENERAL & UNRESTRICTED | \$5,000 00 |
| TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD RD STE 6015, HANOVER, NH 03755 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$100,000 00 |
| UNIVERSITY OF CONN LAW SCHOOL FOUNDATION INC 45 ELIZABETH ST, HARTFORD, CT 06105 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,000 00 |

The Vincent Dowling Family Foundation Inc. EIN: 02-0709433 Taxable Year Ending December 31, 2009

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

| Reciplent 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 |
|---|--|--------------------------------------|----------------------------------|-------------|
| VERO BEACH MUSEUM OF ART INC | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$1,500 00 |
| 3001 RIVERSIDE PARK DR, VERO BEACH, FL 32963 | | | | |
| WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN ST, HARTFORD, CT 06103 | N/A | 509(a)(1) | GENERAL & UNRESTRICTED | \$15,000 00 |

\$206,550

TOTAL: