

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury 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

OMB No 1545-0052 2009

				or ta	ax year beg	inning		, 2009,	and ending	<u></u>	, 20
G Check all that apply Initial return  Amended return		Initial return o	of a former p	ublic charity	,	Final return					
_				<u> </u>		return	Addres	s change		Name change	
			Name of for	undat	tion					A Employer identif	ication number
Use the IRS		e IRS									
label.			DOWD FOUNDATION, INC.						56-	-6061389	
•	Other	•	Number and	stre	et (or PO box	number if	mail is not delivered to street	address)	Room/suite	B Telephone number (se	e page 10 of the instructions)
	pri or ty										
S	-	pecific	P.O. BO							(	) -
I	nstruc	ctions.	City or town	ı, sta	te, and ZIP co	de				C If exemption applic pending, check here	ation is
			01135700			_				D 1 Foreign organiza	ations, check here
			·		NC 2823		<del></del>			2. Foreign organiza	
H	<u>C</u> he	ck type	e of organiza	ation	X Sect	on 501(	c)(3) exempt private f			85% test check computation •	
$\perp$					empt charitabl		Other taxable pr			E If private foundation	on status was terminated
1			et value of al				ounting method $oxedsymbol{oxtime}{oxtime}$ Ca	ash 🔙 Aco	crual	, – ,	b)(1)(A), check here .
			m Part II, co				ther (specify)			_ F If the foundation is	s in a 60-month termination
_		▶ \$	~—·		672.		column (d) must be on	cash basis )	·	under section 507(I	o)(1)(B), check here
Li	art	Analy	sis of Reve	enue	and Expensions (b), (c), ar	ses (The	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		may r	not necessaril	y equ	ial the amoun	s in	expenses per books	incon	I	income	purposes
_		colum	<u>n (a) (see pa</u>	ge 11	of the instruc	tions))					(cash basis only)
	1		I if the		received (attach so		2,000,000.				
	2	Check	attach	n Sch	В		8,854.		8,854.	<del></del>	D TICLE 1
	3		=		porary cash inve		392,079.	20	92,079.		ATCH 1
	4				rom securities		392,079.	3:	92,079.		ATCH 2
	l									<del></del>	<del> </del>
				_			-836,214				<del>                                     </del>
ž	Ба В	Net gar Gross s	n or (loss) from sales price for al	ı sale İ	of assets not on	line 10 5,282.	030,214			<del></del>	
Revenue	۱.,		on line 6a			-			0.		
æ	7   8	Motob	i gain net ing ort-term can	XE.	C P P P P P	line 2)			<del></del>		<del></del>
	9		e modification	-		၂ဗွု					<del></del>
		Gross s	ales lesgretung	ήV	1 5 2010						
-	h	and allo	ost of goods sol	ld Id	25 (4) 60 1	12					<del></del>
					ash-schedulet	<del>~ 1</del>					
	11	Other	income-tatta	1Si	esh schedule) hedule)		3,339	-	3,339.		ATCH 3
	12				gh 11		1,568,058	4	04,272.		
	13				rectors, trustees		0		0.	<del>- · · · · · · · · · · · · · · · · · · ·</del>	
	14				and wages .				_		
ses	15				e benefits						
ē	16a		fees (attach s								
ᅑ	b				schedule)						
š	c				(attach schedi						
rati	17	Interes	st								
ist	18				page 14 of the in		10,000	•			
ᆵ	19	Depre	ciation (attac	h scl	hedule) and d	epletion .				<del></del>	
₽	20	Occup	ancy								
þ	21				d meetings					<del></del> -	<u> </u>
Operating and Administrative Expenses	22				s				07 660		<u> </u>
ting	23				schedule) AT		97,668	1	97,668.	<del></del>	<u> </u>
erat	24		_		ministrative e	-	107 660		07 660		
ď			-		3		107,668		97,668.		1 044 003
J	25				nts paid		1,944,807		07 660		1,944,807
_	26_				ents Add lines	24 and 25	2,052,475	<del> </del>	97,668.		1,944,807
	27		ict line 26 fro				401 417				
	l			•	es and disburser		-484,417	1	06,604.		
	1				(if negative, e			\3	00,004.		
_	C	Adjus	ted net incon	ne (ıf	negative, ente	er -0-)	<u> </u>	<u></u>		-0-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E  $_{14102000}$  9NF00Y 3656  $_{11/8/2010}$  7:34:43 AM

JSA \*\* ATCH 4

Form 990-PF (2009)

16

P	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
İ	1	Cash - non-interest-bearing	53,338.	44,775.	44,775.
ļ	2	Savings and temporary cash investments	18,048,933.	7,464,099.	7,464,099.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			<u></u>
	4	Pledges receivable ►  Less allowance for doubtful accounts ►			
		Less allowance for doubtful accounts ▶			
ì	5	Grants receivable			
İ	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Asi	10 a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)	2,166,846.	4,500,000.	4,459,241.
	С	Investments - corporate bonds (attach schedule) STMT 10	4,474,815.	10,067,967.	10,111,512.
- {	11	Investments - land, buildings,			
		and equipment basis  Less accumulated depreciation (attach schedule)	į		
	12	Investments - mortgage loans			
	13	Investments - mortgage loans Investments - other (attach schedule) ATCH 6	3,915,510.	6,664,520.	6,659,045.
	14	land hulldings and			
		equipment basis Less accumulated depreciation (attach schedule)		İ	
	15	Other assets (describe	····	<del></del>	
	16	Total assets (to be completed by all filers - see the		<del></del>	
		instructions Also, see page 1, item I)	28,659,442.	28,741,361.	28,738,672.
_	17	Accounts payable and accrued expenses	0.	0.	
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable (attach schedule)			
Ë	22	Other liabilities (describe			
		, , , , , , , , , , , , , , , , , , ,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	25,145,275.	25,922,861.	
ü	25	Temporarily restricted	3,514,167.	2,818,500.	
3al	26	Permanently restricted			
Ā	-"	Foundations that do not follow SFAS 117,			
<b>Fund Balances</b>	Į.	check here and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
		Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
Ą	30	Total net assets or fund balances (see page 17 of the			
det		the state of the s	28,659,442.	28,741,361.	
-	31	instructions)			
	]	of the instructions)	28,659,442.	28,741,361.	
ŀ	art	Analysis of Changes in Net Assets or Fund		30//13/0030	
	_	al net assets or fund balances at beginning of year - Part I		t agree with	
'		of-year figure reported on prior year's return)			28,659,442.
2	Ent	er amount from Part Line 27a	• • • • • • • • • • • • • •		-484,417.
2		er amount from Part I, line 27a er increases not included in line 2 (itemize)  ATTACE	 IMENT 7	2	566,336.
ى 4	Δ44 01110	lines 1.2 and 3	11.17.14.1	3	28,741,361.
4	Doo	Innes 1, 2, and 3		1 = 1	20,711,301.
		al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (h)	5), line 30 6	28,741,361.
0	1012	armet assets or rund balances at end or year time 4 minus	iine 5) - Fait II, Columni (D)	, iiie 30   6	5 990 PE (3000)

Z-Story i	nd describe the kind(s) of property sold (e prick warehouse, or common stock, 200 s		acquired P-Purchase D-Donation		(d) Date sold (mo, day, yr)
a SEE PART IV SCHI			D-Dorianor		
b					
C					
d					
е					<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b					
<u>C</u>				· <del>······</del>	
d				·	
e	<u> </u>				
Complete only for assets	showing gain in column (h) and own			) Gains (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	co	l (k), but not less Losses (from c	
a			ļ		
b					
<u>c</u>					
<u>d</u>					
<u>e</u>			-		
2 Capital gain net income o	vr (net canital loss)	gain, also enter in Part I, line 7			0.
	in or (loss) as defined in sections 12	(loss), enter -0- in Part I, line 7	2		
	I, line 8, column (c) (see pages 13				
-	, line 8				
			3		
(For optional use by domes	tic private foundations subject to the	uced Tax on Net Investment Investigation 4940(a) tax on net invest		come )	
For optional use by domes of section 4940(d)(2) applies Was the foundation liable fo	tic private foundations subject to the s, leave this part blank or the section 4942 tax on the distrib	e section 4940(a) tax on net invest outable amount of any year in the b	ment inc	_	Yes X No
For optional use by domest if section 4940(d)(2) applies Was the foundation liable fo f "Yes," the foundation does	tic private foundations subject to the s, leave this part blank or the section 4942 tax on the distrib s not qualify under section 4940(e)	e section 4940(a) tax on net invest outable amount of any year in the b Do not complete this part	ment inc	od? [	
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(For optional use by domes) If section 4940(d)(2) applies Was the foundation liable for form of "Yes," the foundation does 1 Enter the appropriate an (a) Base period years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004  2 Total of line 1, column (a) Average distribution ration number of years the foundation of years the foundation of the secondation of	tic private foundations subject to the section 4942 tax on the distribution of the section 4942 tax on the distribution of the section 4940(e) mount in each column for each year (b)  Adjusted qualifying distributions  1,879,041.  1,582,491.  1,399,347.  1,230,455.  848,225.  d) o for the 5-year base period - divide and ation has been in existence if less concharitable-use assets for 2009 from	putable amount of any year in the book Do not complete this part see page 18 of the instructions be (c)  Net value of noncharitable-use assets 29,494,957. 27,756,474. 22,136,781. 16,068,083. 14,347,626.	ase periode ma	aking any entries (d) Distribution (col (b) divided to	ratio oy cot (c)) 0.063707 0.057013 0.063214 0.076578 0.059120 0.319632 0.063926 ,127,357.
(For optional use by domes) If section 4940(d)(2) applies Was the foundation liable for form of "Yes," the foundation does I Enter the appropriate an (a) Base period years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004  I Total of line 1, column (a) Average distribution ration number of years the four I Enter the net value of notice that the second of the sec	tic private foundations subject to the section 4942 tax on the distribution of the section 4942 tax on the distribution of the section 4940(e) mount in each column for each year (b)  Adjusted qualifying distributions  1,879,041.  1,582,491.  1,399,347.  1,230,455.  848,225.  d) of or the 5-year base period - divide and ation has been in existence if less concharitable-use assets for 2009 from the first of the section of the first of the section of the first of the section of the se	putable amount of any year in the book not complete this part see page 18 of the instructions be complete this part 29,494,957. 27,756,474. 22,136,781. 16,068,083. 14,347,626.	ase per efore made as a second	aking any entries (d) Distribution (col (b) divided to	ratio oy col (c)) 0.063707 0.057013 0.063214 0.076578 0.059120 0.319632 0.063926 ,127,357. ,734,143. 3,066.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of th	e inst	ructio	ns)		
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 ruling letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,0	66.		
	here X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
	of Part I, line 12, col (b)					
2	· · · · · · · · · · · · · · · · · · ·					
3						
4						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		3,0	66.		
6	Credits/Payments					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 68, 285.					
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.					
d			60 2	0 5		
7	Total credits and payments Add lines 6a through 6d		68,2	65.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		65,2	10		
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be Credited to 2010 estimated tax   65,219 Refunded  11		05,2	0.		
	t VII-A Statements Regarding Activities   65,219. Refunded ▶ 11		-	<del></del>		
			Yes	No		
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	165	No X		
ь	participate or intervene in any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	-14				
U	of the instructions for definition)?	1b		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					
c	Did the foundation file Form 1120-POL for this year?	1 c		Х		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \$\\$ (2) On foundation managers \$\\$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers   \$					
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	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		<del>                                     </del>		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	X		
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		x			
	conflict with the state law remain in the governing instrument?	6	X	+		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		+		
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $\blacktriangleright$ NC,					
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	8 b	X	<del> </del>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			X		
	27)? If "Yes," complete Part XIV	9	-	+^-		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X		

Form 990-PF (2009)

4 b

Χ

X

XINo

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . .

. . . . ▶ | Form **990-PF** (2009)

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

Part VIII Information About Officers, Directors, and Contractors (continued)	Trustees, Foundation Managers	s, Highly Paid Employ	es,
3 Five highest-paid independent contractors for profes	sional services (see page 23 of the	instructions). If none, e	nter "NONE."
(a) Name and address of each person paid more t	han \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for profes	ssional services		<b>&gt;</b> NO
Part IX-A Summary of Direct Charitable Activities	es		
List the foundation's four largest direct charitable activities during the of organizations and other beneficiaries served, conferences convened,	tax year Include relevant statistical information research papers produced, etc	such as the number	Expenses
1 NOT APPLICABLE			
2			
3			
4			
Part IX-B Summary of Program-Related Investment	nents (see page 23 of the instruction	ons)	
Describe the two largest program-related investments made by the four	indation during the tax year on lines 1 and 2		Amount
1 NOT APPLICABLE			
2			
All other program-related investments See page 24 of the instructions			- H
3 NONE			

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	n foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	27,433,693.
ь	Average of monthly cash balances	1b	106,771.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	27,540,464.
е			
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	27,540,464.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	413,107.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	27,127,357.
6	Minimum investment return. Enter 5% of line 5	6	1,356,368.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this j		
1	Minimum investment return from Part X, line 6	1	1,356,368.
2a			
b	Income tax for 2009 (This does not include the tax from Part VI)	†	
c		2c	3,066.
3	Distributable amount before adjustments Subtract line 2c from line 1		1,353,302.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	1,353,302.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	<del></del>	
•	line 1	7	1,353,302.
=		<del>                                      </del>	
<b>B</b>	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	
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		3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,944,807.
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	3,066.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	1 - 1	1,941,741.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years		undation

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				1,353,302.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20 07 20 06 20 05				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
	From 2005				
	210 004				
	From 2006				
	From 2008				
	Total of lines 3a through e	1,556,428.			
4	Qualifying distributions for 2009 from Part XII.	<del></del>			
	line 4 ▶ \$1,944,807.				
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years (Election				
-	required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
٠	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				1,353,302.
	Remaining amount distributed out of corpus	591,505.			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,147,933.			
	Prior years' undistributed income Subtract				
~	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable				
Ī	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions			_	
	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the			Į.	
	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)	157,484.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	1,990,449.			
10	Analysis of line 9				
а	Excess from 2005 440,776.			1	
b		]			
c	· · · · · · · · · · · · · · · · · · ·				
d	Excess from 2008 409, 208.				
_е	Excess from 2009 591,505.				

a The name, address, and telephone number of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include N/A c Any submission deadlines N/AAny restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors Form 990-PF (2009) 9NF00Y 3656 11/8/2010 7:34:43 AM PAGE 11 Part XV Supplementary Information (continued)

Recipient  Name and address (home or business)	If recipient is an individual show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				<u> </u>
SEE STATEMENT 8				1,944,807.
		}		
		}	1	
•				
			]	
			1	
		1		
		Ĭ		
			,	
T-4-I		<u> </u>	<b>.</b>	1,944,807.
h Approved for future payment		<del></del>		1,344,007.
<b>b</b> Approved for future payment SEE STATEMENT 9				2,818,500.
32 333322 3				_,,,,,,,,,
		1		
		-		
Total				2,818,500.
		<del></del>		- 000 PF (

ter gross amounts unless otherwise indicated	Unitera	ated business income	Excluded by	section 512, 513, or 514	(e)
0	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
Program service revenue			_		the instructions)
a		· · · · · · · · · · · · · · · · · · ·	<del></del>		
·		<del></del>	<del></del>		<del></del>
	<del></del>		<del>-</del>		·
				<del></del>	
				<del></del>	
Fees and contracts from government agencies  Membership dues and assessments			<del>-  </del>		
nterest on savings and temporary cash investments			14	8,854.	
Dividends and interest from securities			14	392,079.	
Net rental income or (loss) from real estate				, , , , , ,	
Debt-financed property			<del></del>		
Not debt-financed property					
Net rental income or (loss) from personal property			_		
Other investment income					
		<del> </del>	18	-836,214.	
Gain or (loss) from sales of assets other than inventory				030/2111	
Net income or (loss) from special events			_		
Gross profit or (loss) from sales of inventory	<del></del>				
Other revenue a	<del></del>		<del></del>	3,339.	· · · · · · · · · · · · · · · · · · ·
<del></del>			+	3,333.	
		<del> </del>			
	<del></del>	<del>  -</del>		-431,942.	
Subtotal Add columns (b), (d), and (e)				<del></del>	<del></del>
Total. Add line 12, columns (b), (d), and (e)					101/0
ne No. Explain below how each active the accomplishment of the form					
page 29 of the instructions )	Juliation				
			·		
page 29 of the instructions )					
page 29 of the instructions )					Such purposes)
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page 29 of the instructions )					Such purposes

orm	990-PF (	2009)		•		56-6061389		Pa	age <b>13</b>
Pa	t XVII	Information Exempt Orga		ransfers To and	l Transactions	s and Relationships With	Nonc	harit	able
1	ın sec	e organization directlition 501(c) of the Cations? ers from the reporting f	ode (other than	section 501(c)(3) o	rganizations) or in	any other organization describe section 527, relating to politic	d lal	Yes	No
а							40(4)		X
									$\frac{1}{X}$
b		ransactions		• • • • • • • • • • • •			.		
	(1) Sa	les of assets to a nonc	naritable exempt or	rganization			16(1)		Х
									X
									X
									X
									X
_								<del> </del>	X
						e Column (b) should always sl		four	
u						on If the foundation received k			
						ue of the goods, other assets,			
(a) I	ine no	(b) Amount involved	(c) Name of n	noncharitable exempt orga	anization (d) [	Description of transfers, transactions, and	sharing arra	angeme	ents
		N/A			N/A	A			
		-							
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			<del> </del>		· · · · · · · · · · · · · · · · · · ·				
	section	foundation directly on 501(c) of the Code (of c," complete the following (a) Name of organization	her than section 5 ng schedule		527?	ax-exempt organizations described	. [_]Y 	es [	X No
				(2) . ) p 3 01 (		(-,			
	Under	penalties of perjury, I ded	lare that I have ex	amined this return inclu	ding accompanying s	schedules and statements, and to the b	est of my	knowle	dge an
	belief, i	it is true correct, and cor	nplete Deckaration	of preparer (other than t	axpayer or fiduciary) i	is based on all information of which pre		апу кл	owieage
ө	Sign	gnature of officer or trustee		van su	Date	Title			
Sign Here	Paid Preparer's Use Only	Preparer's signature		<i>p</i>	Date	Check if self-employed page 3	er's identer (See Sign 0 of the ins	n <b>áture</b> truction	
•	Pai Prepa Use C	Firm's name (or yours	PRICE	ATERHOUSECOC		¥	08324	_	
	r n	self-employed), addres		. TRYON STREE					
		and ZIP code	CHARL	TTE, NC		28202 Phone no 704	-344-	7500	)

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

DOWD FOUNDATION, I	NC.	Employer identification number			
		56-6061389			
Organization type (check or	ne)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as	s a private foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the Gener	ral Rule and a Special Rule See			
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the y one contributor. Complete Parts I and II	year, \$5,000 or more (in money or			
Special Rules					
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3) and 170(b)(1)(A)(vi), and received from any one contributor, of 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Fo	during the year, a contribution of the greater			
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that is ate contributions of more than \$1,000 for use exclusively for religionses, or the prevention of cruelty to children or animals. Comple	gious, charitable, scientific, literary, or			
the year, contribu aggregate to mor year for an exclusi applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that intions for use exclusively for religious, charitable, etc., purposes, see than \$1,000. If this box is checked, enter here the total contributely religious, charitable, etc., purpose. Do not complete any organization because it received nonexclusively religious, charitable.	, but these contributions did not ributions that were received during the fifthe parts unless the <b>General Rule</b> ole, etc., contributions of \$5,000 or more			
	at is not covered by the General Rule and/or the Special Rules				
	nust answer "No" on Part IV, line 2 of its Form 990, or check the -PF, to certify that it does not meet the filing requirements of S				
For Privacy Act and Paperwork Re	eduction Act Notice, see the instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009			

for Form 990, 990-EZ, or 990-PF

Name of organization

DOWD FOUNDATION, INC.

Employer identification number 56-6061389

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHARLOTTE PIPE AND FOUNDRY COMPANY P.O. BOX 35430 CHARLOTTE, NC 28235	\$2,000,000.	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)
(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)

### SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

DOWD FOUNDATION, INC. 56-6061389 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (b) Date acquired (c) Date sold the entire year Subtract (e) from (d) (d) Sales price (see page 4 of the instructions) (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr ) (mo , day, yr ) 1a -7,645.b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1 b 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 6,731. 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, -914. column (3) on the back Part | Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo , day, yr ) 6a 6b -822,158. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 -13,142.8 Net long-term gain or (loss) from partnerships S corporations, and other estates or trusts 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 12

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

-835,300.

	•					
ched	ule D (Form 1041) 2009					Page 2
Par	Summary of Parts I and II		(1) Beneficiaries	(2) Es	tate's	(3) Total
	Caution: Read the instructions before completing this p	art	(see page 5)	or tru	ıst's	
	Net short-term gain or (loss)	13				-914.
	Net long-term gain or (loss):					025 200
a		14a		·		-835,300.
		14b		<del> </del>		
C		14c				936 214
	Total net gain or (loss). Combine lines 13 and 14a				45 1.	-836,214.
Pai	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form tV, and <b>do not</b> complete Part IV if line 15, column (3), is a net loss, complete Part IV.	m 990 art IV a	-1, Paπ I, line 4a) if and the <b>Capital Loss</b> i	lines 14a and Carryover Wor	ksheet,	as necessary
	t IV Capital Loss Limitation				·	
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, I	ine 4c, if a trust), the	smaller of	1	_
a	The loss on line 15, column (3) or b \$3,000:  If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page				16	( 0:
lote `aπγ	: If the loss on line 15, column (3), is more than \$3,000, <b>or</b> if Form 1041, page over Worksheet on page 7 of the instructions to figure your capital loss carryovel	e 1, lır r	ne 22 (or Form 990-1	r, line 34), is a	loss, co	omplete the Capital Loss
Par						<del></del>
	1041 filers. Complete this part only if both lines 14a and 15 in colu		2) are gains, or an	amount is e	ntered	in Part I or Part II and
here	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	e tha	n zero			
aut	ion: Skip this part and complete the worksheet on page 8 of the instruc	ctions	ıf			
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					1
	n <b>990-T trusts.</b> Complete this part <b>only</b> if both lines 14a and 15 and prim 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this pa					
	or line 14b, col (2) or line 14c, col (2) is more than zero	n and	complete the wo	orksneet on	page o	of the instructions if
			T	<del></del> -	T1	
7	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	(4)	17		-	
8	Enter the smaller of line 14a or 15 in column (2)					
	but not less than zero 18					
9	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
20	dividends included in income in Part I of Form 990-T)					
21	Add lines 18 and 19		<del> </del>			
• •	amount from line 4g, otherwise, enter -0-					
22	Subtract line 21 from line 20 If zero or less, enter -0-					
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		┪	
. •	Odditase mic 22 from line 11. il 2010 of less, effet -0	• • •			-	
24	Enter the smaller of the amount on line 17 or \$2,300		24			
25	Is the amount on line 23 equal to or more than the amount on line 24				_	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					
	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24			·		
27	Are the amounts on lines 22 and 26 the same?				-	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or I	ine 22	27			
	<del></del>					
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		_	
29	Subtract line 28 from line 27		29		_	
30	Multiply line 29 by 15% ( 15)				. 30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rat					
	(see the Schedule Ginstructions in the instructions for Form 1041).				. 31	
32	Add lines 30 and 31				. 32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rai	te Sc	hedule for Estates	s and Trusts	. [	
	(see the Schedule G instructions in the instructions for Form 1041) $_{\mbox{\tiny L}}$					
34	Tax on all taxable income. Enter the smaller of line 32 or line 33	here	and on Form 104	1, Schedule		1
	G. line 1a (or Form 990-T. line 36).				. 34	1

Schedule D (Form 1041) 2009

### SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Internal Revenue Service Name of estate or trust

Department of the Treasury

DOWD FOUNDATION, INC.

**Employer identification number** 56-6061389

Part I Short-Term Capital Gai	ns and Losses - Asse	ts Held One Yes		56-6061389	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a SEE ATTACHMENT A			108,391.	116,036.	-7,645
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . .

Schedule D-1 (Form 1041) 2009

-7,645.

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
COR DEMACRIMENT A MAS D	(mo , day, yr )				
SEE ATTACHMENT A AND B		02/26/2009	1,304,868.	2,127,026.	-822,15
	•				
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	-				
					_
		<u> </u>			
			-	<u> </u>	

. DOWD FOUNDATION, INC.

FORM 990-PF - PART IV

Kınd of P	Kind of Property		NS AND LOSSES FOR TAX ON INVESTIGATION			P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
١		TOTAL SHORT PARTNERSHIE ESTATES OR	, S CORPOR	ATION, AND			6,731.	
		TOTAL LONG- PARTNERSHIE ESTATES OR	, S CORPOR	ATION, AND			-13,142.	
108,391.		SEE ATTACHN 116,036.	IENT A				VAR -7,645.	AV
304,868.		SEE ATTACHN 2,127,026.	ient a <b>and</b> '	አ ነ			VAR -822,158.	02/26/200
OTAL GAIN(L	OSS)						0.	
		ŧ						

# 2009 Tax Information Statement

Recipient's Name and Address DOWD FOUNDATION PO BOX 35430 CHARLOTTE, NC 28235

2nd TIN notice

Corrected

Page 6 of 13 Ref<sup>e</sup> 51

> Payer's Name and Address SUNTRUST BANK W&IM TAX SERVICES P O BOX 1908 ORLANDO, FL 32802-1908

# 2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Federal

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Income Tax Withheld	(Box 4)	0.00	0.00	0.00	0.00	000
Net Gain or Loss		-6,429 29	-1,215.82	-7,645.11	-822,158.48	-822,158.48
Cost or other Basis		39,820.08	76,215.82	116,035.90	2,127,026.06	2,127,026.06
Stocks Bonds, etc.	(Box 2)	33,390.79	75,000.00	108,390.79	1,304,867.58	1,304,867.58
Date of Sale	(Box 1a)	12/17/2008 02/26/2009	05/06/2009_10/31/2009		02/26/2009	
Date Acquired		12/17/2008	606/500/500		VARIOUS	
Description	(Box 7)	nort Term Sales Reported on 1099-B 1885 4200  304871106     FAIRHOLME FD	US TREAS 3 625% 10/31/09	ted on 1099-B	ed on 1099-B FAIRHOLME FD	Total Long Term 15% Sales Reported on 1099-B
CUSIP	(Box 1b)	Short Term Sales Reported on 1099-B 1885 4200 304871106, FAIRHC	75000.0000 912828HFQ	Total Short Term Sales Reported on 1099-B	Long Tern 15% Sales Reported on 1099-B 73679 7060 304871106 FAIRHOLME	erm 15% Sales Re
Number of shares	(Box 5)	Short Term 5 1885 4200	75000.0006	Total Short T	Long Term 1. 73679 7060	Total Long Te

The Dowd Foundation, Inc. Capital Gain/(Loss) Detail 12/31/2009

Gain/(Loss)	· \$
Basis	\$ 152,023 28
Proceeds	e \$ 152,023 28
Description	The Childrens Investment Fund Offshore
Settle Date	8/1/2009
Trade Date	8/1/2009

ATTACHMENT

## - INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	728. 8,126.	8,854.
REVENUE AND EXPENSES PER BOOKS	728. 8,126.	8,854.
		TOTAL
DESCRIPTION	SUNTRUST MONEY MARKET SUNTRUST - 5108 - BOX 3	

11/8/2010

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GOODE DART I - DIVIDEND	
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NET INVESTMENT INCOME	1,998. 390,081. 392,079.
REVENUE AND EXPENSES PER BOOKS	1,998. 390,081. 392,079.
	TOTAL
	FUND - INTEREST D
DESCRIPTION	ACL ALTERNATIVE FUND SUNTRUST DIVIDEND

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FORM 990PF,		DESCRIPTION OTHER INCOME
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	NET	INVESTMENT	INCOME	39.
REVENUE	AND	EXPENSES	PER BOOKS	3,339

220	, 202	
C	า	

TOTALS

3,339.

339.

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION

TAXES

10,000.

TOTALS

10,000.

FORM 990PF, PART I

DOWD FOUNDATION, INC.

REVENUE AND

EXPENSES PER BOOKS 97,668.

NET INVESTMENT INCOME 97,668.

TOTALS

DESCRIPTION GENERAL EXPENSES

97,668.

97,668.

ATTACHMENT 5

- OTHER EXPENSES

9NF00Y 3656 11/8/2010 7:34:43 AM

INVESTMENTS	
OTHER	
I	1
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PART	
990PF,	
FORM	

DOWD FOUNDATION, INC.

Orthography	ATTACHMENT 6	SNT 6
DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
ALTERNATIVE INVESTMENTS INTERNATIONAL EQUITIES	6,164,520.	6,145,487. 513,558.
TOTALS	6,664,520.	6,659,045.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

ADJUSTMENT TO NET ASSETS

566,336.

TOTAL

566,336.

### Grant Expense 2009

Date	Description	Debit
12/13/08	Balance Forward	Debit
01/07/09 *	Charlotte Country Day School	320,000 00
01/07/09 *	Woodberry Forest School	200,000 00
01/07/09 *	Carolinas Healthcare Foundation	100,000 00
01/07/09 *	Charlotte Rescue Mission	12,500 00
03/03/09 *	Museum of the New South	20,000 00
03/06/09 *	Queens Presidential Scholarship	30,000 00
04/07/09 *	YMCA of Greater Charlotte (Sally's Y)	10,000 00
06/05/09 *	United Way of the Central Carolinas	30,000 00
06/15/09 *	YMCA of Greater Charlotte (University City YMCA)	34,000 00
07/07/09 *	Thompson Children's Home	10.000 00
07/07/09 *	The First Tee of Charlotte	5,000 00
07/07/09 *	Hospice of Union County	25,000 00
07/07/09 *	The Greater Charlotte Cultural Trust	100,000 00
07/07/09 *	First Tee of the Triad	12,500 00
08/11/09 *	Myers Park Baptist Church	25,000 00
08/11/09 *	Woodberry Forest School	416,667 00
08/24/09	Deposit - Refund Ck # 1381 YMCA (Richardson)	(34,000 00)
09/03/09 *	Hood Theological Seminary	5,000 00
09/03/09 *	The Lynnwood Foundation	10,000 00
09/08/09 *	Johnson C Smith University	10,000 00
10/01/09 *	Trinity Episcopal School	10,000 00
11/02/09 *	Carolinas Healthcare Foundation	10,000 00
11/02/09 *	Wing Haven	25,000 00
	American Red Cross -	10,000 00
12/01/09 *	y	20,000 00
12/01/09 *	Children's Scholarship Fund	10,000 00
	The Fletcher School	20,000 00
12/01/09 *	Hospice and Palliative Care	10,000 00
	Total Grants	1,456,667.00
	Misc Grants	238,140 00
	Whitewater Debt Forgiven	250,000 00
	Total Grants Paid	1,944,807.00

### Dowd Foundation Grants Payable 2009

Date	Description	Debit	Credit	Balance
12/13/08	Balance Forward			3,514,167 00
01/07/09 *	Charlotte Country Day School	320,000 00		3,194,167 00
01/07/09 *	Woodberry Forest School	200,000 00		2,994,167 00
01/07/09 *	Carolinas Healthcare Foundation	100,000 00		2,894,167 00
01/07/09 N	Charlotte Rescue Mission		25,000 00	2,919,167 00
01/07/09 *	Charlotte Rescue Mission	12,500 00		2,906,667 00
03/03/09 *	Museum of the New South	20,000 00		2,886,667 00
03/06/09 *	Queens Presidential Scholarship	30,000 00		2,856,667 00
04/07/09 *	YMCA of Greater Charlotte (Sally's Y)	10,000 00		2,846,667 00
06/05/09 *	United Way of the Central Carolinas	30,000 00		2,816,667 00
06/15/09 *	YMCA of Greater Charlotte (University City YMC	CA) 34,000 00		2,782,667 00
07/07/09 *	Thompson Children's Home	10,000 00		2,772,667 00
07/07/09 *	The First Tee of Charlotte	5,000 00		2,767,667 00
07/07/09 *	Hospice of Union County	25,000 00		2,742,667 00
07/07/09 *	The Greater Charlotte Cultural Trust	100,000 00		2,642,667 00
07/07/09 *	First Tee of the Triad	12,500 00		2,630,167 00
08/11/09 *	Myers Park Baptist Church	25,000 00		2,605,167 00
08/11/09 *	Woodberry Forest School	416,667 00		2,188,500 00
08/24/09	Deposit - Refund Ck # 1381 YMCA (Richardson	n)	34,000 00	2,222,500 00
09/03/09 *	Hood Theological Seminary	5,000 00		2,217,500 00
09/03/09 *	The Lynnwood Foundation	10,000 00		2,207,500 00
09/08/09 *	Johnson C Smith University	10,000 00		2,197,500 00
09/15/09 N	United Family Services		40,000 00	2,237,500 00
09/15/09 N	Opera Carolina Endowment Found		100,000 00	2,337,500 00
10/01/09 *	Trinity Episcopal School	10,000 00		2,327,500 00
11/02/09 *	Carolinas Healthcare Foundation	10,000 00		2,317,500 00
11/02/09 *	Wing Haven	25,000 00		2,292,500 00
11/20/09 N	Queens University - Presidential Scholarship		96,000 00	2,388,500 00
12/01/09 *	American Red Cross -	10,000 00		2,378,500 00
12/01/09 *	Boy Scouts of America	20,000 00		2,358,500 00
12/01/09 *	Children's Scholarship Fund	10,000 00		2,348,500 00
12/01/09 *	The Fletcher School	20,000 00		2,328,500 00
12/01/09 *	Hospice and Palliative Care	10,000 00		2,318,500 00
12/10/09 N	Central Piedmont Community College		500,000 00	2,818,500 00
	E	nding Grants Payable		2,818,500.00

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## The Dowd Foundation

				Decen	December 31, 2009
Security Name	7 rade Date	Quantity or Face	Cost	Market Value	% Assets
Cash & Cash Equivalents ACCRUED STOCK DIVIDENDS RIDGEWORTH FDS INSTEUS REASURY MMKT			12,574 51	12 574 51 7,451 524 41	00 260
			7 464.098 92	7,464 098 92	26.0
Fixed Income-Taxable Bonds					t 3
LOOMIS SAYLES FUS BILFU LORD ABBELLINCT TR CONVERLID Y	09-03-09	104,172 8480	1,028 869 56	7,660 380 23 1,103,190 46	38
UNITED STATES TREAS NTS	05-11-09	70,000 0000	70 877 73	70,199 50	0.2
Z 000% DUE 02-20-10 UNITED STATES TREAS NTS	05-07-09	75,000 0000	76.180 66	75 483 75	0 3
2 125% Due 04-30-10 UNITLD STATES TREAS NTS	05-06-09	75,000 0000	76,986.33	75.981 75	0.3
2 875% Due 06-30-10 JINTED STATES REAS NTS	05-11-09	0000 000 05	51 156 75	00 699 05	60
2 375% Due 08-31-10					1
UNITED STATES TREAS NTS 1250% Due 11-30-10	05-06-09	75,000 0000	75,539 06	75,527 25	03
UNITED STATES TRIAS NIS	05-07-09	75 000 0000	74,812 50	75.099 75	0.3
0 875% Due ()4-30-11	90 11 50	ODON OON OE	11 3118 31	טניטנני דב	Š
ONITED STATES INERS IN 13 4 875% Due 07-31-11	60-11-60	0000 0000	15,645,51	14 359 30	60
UNITED STATES TREAS NIS	11-18-09	75,000 0000	75.363 28	74,912 50	0.3
UNITED STATES TREAS INS	05-06-09	75,000 0000	81,228 52	79 857 46	0 3
4 500% Due 11-30-11	90 20 40	0000 000 15			
1 375% Due 03-15-12	40-00-cn	0000 0000	75,105 47	57.170.73	£ 0
Accrued Interest				3,490 36	00
			7 515.688 52	B 7494,314 56	26 1
High Vield Bonds RIDGEWORTH FDS SEIX FLRT HLI	02-02-00	156.271 8910	1,280,929 34	1 350,189 14	4 7
UNITIED SLR TR IRON STRATING	12-10-09	110,849 4020	1,271,349 18	1 267,008 66	7 7
			€ 2.552 278 52	<b>B</b> 2.617.197 80	16
Domestic Equities HUSSMAN INV I-1R	05-15-09	307 974 0170	4,000,000 00	3.435.907 94	13.7

## GENSPRING.

### Portfolio Appraisal

The Dowd Foundation

				Dece	December 31, 2009
Security Name	Trade Date	Quantity or Face	Cost	Market	%
UNIFIED SER IR AUER GROWIIII D	12-10-09	83 333 3330	300 000 00	523 331 33	Assets
International Equities DFA INVI DIMENSION GRP EMRG MK IS VAL	12-10-09	16,334 5320	4	513.557 69	15.5
Alternative Insertments			\$00,000 00	(F) 513.557 69	8-
ABBCY CAPITAL ACL ALTERNATIVE FUND LTD GROWTH CAPITAL 1'EI PORTFOI 10 LJ C LYRICAL MULTI MGR OFTSHORE FUND I TD HIE CHILDRENS INVESTMENT FUND OFTSHORE	03-21-06 07-01-09 07-01-06 01-01-07	5 110 6070 20.000 0000 1 0000 1 0000	1.316.543 16 2.000 000 00 2 000,000 00 847,976 72	1,277 345 11 2 089 788 01 2 088 465 88 689 888 27	2 tr tr c
		•	(E) 6,164 519 88	6.145 487 27	21.4
TOTAL PORTFOLIO			28,696,585.84	28,693,897.51	0 001
	Ownorate Bonds		1300 Cast 1300 C	FMV ZB) 10, 111, 512	
	Sympto Hordes	1	(0) 4,500,000	(D) 4,459,241	241
			2 (E) 6,664,520	SE 6,659,045	,045

### Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Internal ricvenille	GEI FICE			
If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II	X	2 of this for	. ► 🗵
	plete Part il unless you have already been granted an automatic 3-month extension on a			
	Automatic 3-Month Extension of Time. Only submit original (no copies need		<u> </u>	
A corporation Part I only .	in required to file Form 990-T and requesting an automatic 6-month extension—chec	k this bo	x and comp	elete . ▶ □
All other col time to file i	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to	request an i	extension of
one of the relectronically returns, or a	filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at returns noted below (6 months for a corporation required to file Form 990-T). However, if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T Instead, you must submit the fully completed a ore details on the electronic filing of this form, visit www.irs gov/efile and click on e-file	ever, you ns 990-Bl .nd signed	cannot file L, 6069, or b d page 2 (Pa	Form 8868 8870, group art II) of Form
Type or	Name of Exempt Organization			tion number
print	THE DOWD FOUNDATION, INC.	56-6	061389	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 35430			
retum See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLOTTE, NC 28235			
Check type	e of return to be filed (file a separate application for each return)	······································	<u></u>	
☐ Form 99			Form 4	720
☐ Form 99			Form 5	227
Form 99			☐ Form 6	069
X Form 99	90-PF		☐ Form 8	870
Telephone If the org If this is if	e No. ► 704-372-5030  FAX No ►  anization does not have an office or place of business in the United States, check the for a Group Return, enter the organization's four digit Group Exemption Number (GE) group, check this box  he names and EINs of all members the extension will cover.	nis box		If this Is
	uest an automatic 3-month (6 months for a corporation required to file f	orm 99	0-T) extens	sion of time
until	8/15 , 2010 , to file the exempt organization return for the organization	on named	above. The	e extension is
	e organization's return for			
	calendar year 20 <u>09</u> or			
▶ □	tax year beginning, 20, and ending			., 20
2 If this	tax year is for less than 12 months, check reason.   Initial return   Final return	n 🗌 Cha	ange in acco	ounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative any nonrefundable credits. See instructions.	tax,	3a \$	6,201
b If this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tents made. Include any prior year overpayment allowed as a credit.	tax	3b \$	67,084
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required	red		
depo	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payrem) See instructions	ment	3c \$	NONE
	f you are going to make an electronic fund withdrawal with this Form 8868, see Form	8453-FC		
	nt instructions.	V-V3-EU	rana romm	00/3-EU

Form 8868 (Re	v 4-2009)						Page 2
Note. Only	complete Part II if you have alread	utomatic) 3-Month Extension, com dy been granted an automatic 3-month th Extension, complete only Part I	exten	sion on a prev	ind check this viously filed Fo	box orm 8868	. ▶ □
Part II	Additional (Not Automatic)	3-Month Extension of Time. O	nly file	the original	(no copies i	needed)	
Type or print				Employer Identification number			
File by the extended due date for	Number, street, and room or sui	te no If a P O box, see instructions.		1.4	For IRS use only		
filling the return. See instructions.	City, town or post office, state, and	ZIP code. For a foreign address, see instruc	tions.			<del>-</del> ', -	
Check typ	of return to be filed (File a se	eparate application for each return).					
☐ Form 9	90 🔲 Form 990-			orm 1041-A	☐ Form 6069		
Form 9	orm 990-BL		☐ Form 8870				
Form 9	90-EZ	T (trust other than above)	□F	orm 5227			
STOP! Do		not already granted an automatic	3-mont	h extension	on a previous	ly filed F	orm 8868.
Telephor	e No. ►	FAX No. ▶					
• If the ord	anization does not have an office	ce or place of business in the Unite	d State	s check this	box		. ▶ 🗆
		rganization's four digit Group Exemp					
for the wh	ole group, check this box	> [] . If it is for part of the gro	oup, ch	eck this box	▶ □	and att	ach a
list with th	e names and EINs of all member	ers the extension is for					
	"	nsion of time until			. 20		
		x year beginning					. 20 .
6 If this	tax year is for less than 12 mg	onths, check reason: I Initial return	m [i	Final return	Change I	n accour	ntina period
		ension					
		L, 990-PF, 990-T, 4720, or 6069, €	enter th	ne tentative to		_	
	any nonrefundable credits. See	<del></del>			8a	3	
		F, 990-T, 4720, or 6069, enter any i					
		de any prior year overpayment allow	ed as	a credit and a			
	unt pald previously with Form 8				<u>8b</u>	\$	
c Balar with I	ice Due. Subtract line 8b from line TD coupon or, if required, by using	8a. Include your payment with this forr EFTPS (Electronic Federal Tax Payment)	n, or, if System)	required, depo . See instruction	osit ons. 8c	\$	
		Signature and Verificati					
Under penali	ies of perjury, I declare that I have example rect, and complete, and that I am author	nined this form, including accompanying scheduled to prepare this form	dules an	d statements, an	d to the best of r	ny knawlec	ige and belief,
Signature >		Title ▶			Date ▶		
					e.	886F	3 (Rev. 4-2009)

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### Form **8868**

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

internal Revenue :	Service					
<ul> <li>If you are f</li> </ul>	iling for an Automatic 3-Month Extension, complete only Part I and check this box iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (o	. ► □ n page 2 of this form)				
Part I	lete Part II unless you have already been granted an automatic 3-month extension on a part Automatic 3-Month Extension of Time. Only submit original (no copies need)	reviously filed Form 8868				
	n required to file Form 990-T and requesting an automatic 6-month extension—check					
All other cor time to file in	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 ncome tax returns	004 to request an extension of				
electronically returns, or a	illing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auteurns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed an one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file file.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form				
Type or print	Name of Exempt Organization	Employer identification number				
File by the due date for filing your	Number street, and room or suite no. If a P.O. box, see instructions					
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
Form 99 Form 99 Form 99 Form 99	0-BL	☐ Form 4720 ☐ Form 5227 ☐ Form 6069 ☐ Form 8870				
• The books	s are in the care of ►					
Telephone	No ▶ FAX No ▶					
<ul><li>If the orga</li><li>If this is for the whole</li></ul>	anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) is group, check this box	box ▶ □				
until for the ► □	riest an automatic 3-month (6 months for a corporation required to file Fo	named above. The extension is				
2 If this	tax year is for less than 12 months, check reason  Initial return  Final return	Change in accounting period				
	application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tandard nonrefundable credits. See instructions	x. 3a \$				
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to ents made. Include any prior year overpayment allowed as a credit	3b S				
c Balan depos	ce Due. Subtract line 3b from line 3a Include your payment with this form, or, if require it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen) See instructions					
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 tinstructions					

orm 88	368 (Rev	4-2009)		Р	age 2
iote.	Only co	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II a mplete Part II if you have already been granted an automatic 3-month extension on a previling for an Automatic 3-Month Extension, complete only Part I (on page 1).	nd check this by viously filed Form	-	X
Part		Additional (Not Automatic) 3-Month Extension of Time. Only file the original	(no copies ne	eded)	
ype rint		Name of Exempt Organization THE DOWD FOUNDATION, INC.	Employer ident 56-606138	ification nu	mber
lle by the xtended ue date for	ed te for	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 35430	For IRS use onl	y 	-
ling the etum estruct	See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CHARLOTTE, NC 28235			
hec	k type	of return to be filed (File a separate application for each return)			
	orm <b>9</b> 90		☐ For	m 6069	
_) Fo	orm 99(	O-BL	☐ For	m 8870	
] F	orm 99(				
TOP	! Do no	ot complete Part II if you were not already granted an automatic 3-month extension of	on a previously	filed Form	8868.
		are in the care of ▶ WILLIAM HUTAFF, III			
Tele	enone	No ▶ 704-372-5030 FAX No ▶			
		nization does not have an office or place of business in the United States, check this		1	• 🗆
		r a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If this !	s
or th	e whol	e group, check this box .     If it is for part of the group, check this box		nd attach	
		names and EiNs of all members the extension is for		ila allasii	-
		st an additional 3-month extension of time until NOVEMBER 15	.2010.		
5	For cal	endar year 2009, or other tax year beginning .20 , and endi		2	n
6	If this t	ax year is for less than 12 months, check reason  Initial return  Final return	Change in		neriod
7	State ii	n detail why you need the extension ADDITIONAL TIME IS NEEDED TO MPLETE AND ACCURATE RETURN.	O PREPARE		
8a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tally nonrefundable credits. See instructions	8a \$	6	,201
b	If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits a	nd 🛴		
		ted tax payments made, include any prior year overpayment allowed as a credit and a			
		t paid previously with Form 8868	8b \$	73	<u>,285</u>
c		e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depo D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instruction			NONE
		Signature and Verification			
Under it is th	penalties ue, correi	s of perjury, I declare that I have examined this form including accompanying schedules and statements, and it and complete, and that I am authorized to prepare this form	d to the best of my	knowledge ar	id belief
Signal	ture ►	Title ▶	Date ►		