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## Form. 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total Open to Public

		t of the Treasury venue Service					he end of the year ma f this return to satisfy			ments			nspectio	n
And the Country of th									, 20	09				
В	Check	heck if applicable vise IRS Louis and Nancy Hatch Dupree Foundation for the Afghanistan Centre at						D Employer Identification number						
	Addres						65-1308598							
							E Telep	E Telephone number						
H		nttial return type. Ferminated See 954 Lexington Ave 118						1	718 268-6182					
H		ded return	Specific instruc-	City or town, state	or country, an	d ZIP + 4				F Gro	up Exe	mot	on	
d		ation pending	tions.	New York City,	NY 10021-50	55					nber	•	<b>3</b> .,	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting										ethod	: 🗸	Cash Ac	crual
			a coi	npleted Schedul	e A (Form 99	10 or 990-E	<b>Z</b> ).		Othe	r (specify	) ▶			
			-						H Chec	* ▶ 🗌	ıf the	orgar	nization is not	
1	Web	site: ▶ www	dupree	foundation.org					requ	ired to at	tach S	ched	lule B (Form 9	90,
J .	J Tax-exempt status (check only one) — ✓ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 9										0-PF).			
K	Checl	k ▶ 🔲 ifth	e organi	zation is not a sec	tion 509(a)(3)	supporting	organization and r	ts gross	receipts are	normally	not m	ore t	han \$25,000.	A
	Form	990-EZ or Form	1 990 re	turn is not require	d, but if the	organization	n chooses to file a	return,	be sure to fil	e a comp	lete re	turn.		
L	Add lii	nes 5b, 6b, and 7	b, to line	9 to determine gr	oss receipts; ı	f \$500,000 c	r more, file Form 99	90 instea	ad of Form 99	0-EZ ▶	• (	•		
F	art l	Revenu	e, Exp	enses, and C	hanges in	Net Ass	ets or Fund B	alanc	es (See th	e instru	ction	s fo	r Part I.)	
	1	Contribution	ns, gıf	ts, grants, and s	imilar amou	ınts receiv	ed				1		211,8	84.25
	2	Program se	ervice I	evenue includin	ig governme	ent fees ar	nd contracts .				2			0
	3										3			0
	4	Investment	incom	e							4		5	90.35
	5	a Gross amo	unt fro	m sale of assets	s other than	inventory		5a		0				
				er basis and sale		-		5b		0	1			
		c Gain or (los	ss) fron	n sale of assets	other than i	nventory (	Subtract line 5b	from li	ne 5a)		5c	}		0
97	6	-	-						•					
le.		Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ►   a Gross revenue (not including \$ of contributions									1			
Revenue									0					
-	· I .	•		•				6b		0	1	}		
	1	b Less: direct expenses other than fundraising expenses					6c	1		0				
	7			entory, less returns and allowances						) <del></del>	<u> </u>		<u>_</u>	
	1 .	_						7b		0	i			
		b Less: cost of goods sold							<u>-</u>	7c			0	
	8									8				
	9		-	dd lines 1, 2, 3	77 77 77 77	and the second	<u> </u>				9		212,4	74.60
	10			r amounts paid				<del>:</del> <del>:</del> _	· · · · ·	<u> </u>	10	1		65.00
	11			r for members				• •			11			0
(A)	1	Salaries of	ther co	mpersation, and	demployee	henefits	1	• •			12	t		
Expenses	13	Profession	al fees	and other never	cepto to inde	ependent 7	ontractors			• •	13		59.4	77.25
De T	14	Occupance	, rent	s and other payments to independent contractors						• •	14			85.83
X	15										15			75.59
	16		Printing, publications, postage, and shipping							16			35.20	
	17										17		137,2	
	40						e 9)				18			32.73
e st	19						m line 27, colun				- <del>:-</del>			
SS					~ ~	- '		,			19		157,40	60.71
Net Assets	20	-	_		-	•	xplanation)				20		,	0
ž	21										21		232,69	93.44
21 Net assets or fund balances at end of year. Combine lines 18 through 20														
				(See the instr			(2) ως ψί,200,0			eginning of		<u> </u>	(B) End of year	
2	9	Cash savings	and in	=		· ·						22	232,69	
2		Cash, savings, Land and build					 			157,460.71		23	202,0	<del>33.44</del> 0
2												24		0
2	5	Culei assets (i	2000 IL						-' ├──	157 4	60.71		232,6	
		Total assets . Total lishilitie							`, <del>                                    </del>			26		0

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cat. No. 106421

156,460.71 27

Form 990-EZ (2009)



232,693.44

Par	Statement of Program Service Accom	<b>plishments</b> (See the instr	uctions for Part II	l.)		Expenses
		Education (Library)				ired for section
	ribe what was achieved in carrying out the org					(3) and 501(c)(4) exations and section
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts, optional
each	program title.					hers.)
28	Construction of Library (Start up costs for 3 months)	; costs for site supervision a	at construction site			
	***************************************				1	
		includes foreign grants, ch			28a	34,850.00
29	Equip rural library (earmarked donation) to provide b					
	Bacha Kot (Afghanistan)					
	4 20F 00 ) KU					
20	(Grants \$ 1,265.00) If this amount Field transportation for lease of car with driver to over	includes foreign grants, ch			29a	1,265.00
30	of rural libraries in schools		]			
	or rural horaites in schools					
	(Grants \$ 15,250.00) If this amount	includes foreign grants, ch	eck here	▶ □	30a	15,250.00
31	Other program services (attach schedule)			<u> </u>	-	10,250.00
•		includes foreign grants, ch		. ▶ 🗆	31a	10,000.00
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	61,365.00
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ted. (See the	instruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to	(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred comper	nsation	other allowances
	Ira Cook	Co-President (15 hours)				, i
	Oakland Ave, Piedmont CA 94611		0			
	rew Brimmer	Co-President (15 hours)		ļ		1
	West 13th Street New York, NY 10011		0			
	Jorgensen	Secretary (5 hours)	_			
	Degraw St #2, Brooklyn, NY 11231		0	ļ		<u> </u>
	ert Breen /est 89th St, #2B New York, NY 10024	Treasurer (15 hours)				
11 44	est 65th 5t, #25 New York, NY 10024		0			
				<del>                                     </del>		
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			<b>\</b>			
		1	1	1		1

Form 99	0-EZ (2009)		F	age 3
Part	V: Other Information (Note the statement requirements in the instructions for Part V.)			
٠,			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		1	
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>₹</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		44	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	Z.W.	E358	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			,
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401-		<b>•</b>
_		40b	Single State	R 16 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	1000		
	4955, and 4958	77.75		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			and the same
u	reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	K WAR	
41	List the states with which a copy of this return is filed. ▶ New York State		<u>_</u>	
		646 67	8-417€	 5
	Located at ▶ 11 West 89th St, Apt 2B, NY, NY ZIP + 4 ▶	10024	-2021	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			<b>300</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	4		
	and Financial Accounts.	233	4-45 HT 216	STATE OF THE PARTY
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here	•	. )	<b>&gt;</b> []
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ı	Yes	N <sub>2</sub>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Car 1 4 C	44,12	No
77	Form 990-EZ	44	المستخفام و	North Section 1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	14	(أدر رافيًا	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	احث	-
		n 990	-EZ	(2009)

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexem	1) nonexen	npt charit e trusts m	able trusts only. A ust answer question	all sec ons 40	tion 5 49k	)	
46	Did the organization engage in direct or indirect						Yes	No	
	candidates for public office? If "Yes," complete \$	•				46		1	
47	Did the organization engage in lobbying activities			•		47 48		<u> </u>	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							<b>√</b>	
49a	Did the organization make any transfers to an ex	•		_		49a 49b		✓	
50	If "Yes," was the related organization a section 527 organization?								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per we devoted to pos	rage (c)	Compensation		(e)	Expen- count a	nd	
None									
				····					
			····						
							<del> · .</del>		
						_			
	\$100,000 of compensation from the organization  (a) Name and address of each independent contractor				Type of service	(c) Cor	npensa		
None		<u></u>		<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0, 00.			
				<u> </u>					
	·								
				<del>-}</del>			<del>.</del>		
				{					
d	Total number of other independent contractors e	each receiving ove	r \$100,000	▶	0				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including of preparer (other than	accompanying s officer) is based	chedules and on all informat	statements, and to the be- tion of which preparer has	st of my any kno	knowle	⇒dge 3.	
Sign Here	Signature of officer 12 May 70								
	Robert Breen, Treasurer Type or pnnt name and title								
Paid Prepar	Preparer's signature		Date	Check if self- employed ▶	Preparer's identifying nui	nber (Se	e instruct	Jons)	
Use Or	Firm's name (or				EIN ▶ Phone no. ▶				
May th	e IRS discuss this return with the preparer showr	above? See instr	uctions .		▶ [	Yes		do	
					Fo	m <b>9</b> 91	)-EZ	(2009)	

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

The Louis and Nancy Hatch Dupree Foundation for the Afghanistan Centre at Kabul University 65 1308598 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/2 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated **d** Type III-Other e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization organization in col idescribed on lines 1-9 the organization in support governing document? col (i) of your above or IRC section (i) organized in the (see instructions)) support? US2 Total

	(Complete only if you check	ked the box	on line 5, 7,	or 8 of Part I.	) )	and 170(b)(1	)(A)(VI)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			17,001.00	185,294.72	211,884.25	414,179.97
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	0	0:	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
4	Total. Add lines 1 through 3	j <del></del>	<del> </del>	17,001.00	185,294.72	211,884.25	414,179.97
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4.	<del></del>	<u> </u>	LI			·-··
	tion B. Total Support  lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2000	(2) 2000	17,001.00	185,294.72	211.884.25	414,179.97
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			0	1,283.27	590.35	1,873.62
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			0	0	0	0
11	Total support. Add lines 7 through 10 .						416,053.59
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	416,053.59
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	· · · ·	nd, third, fourth,	_		1.16.
<del>555</del> 14	Public support percentage for 2009 (line			1 column (fl)		14	%
15	Public support percentage from 2008 Sch		•	1, 001011111 (1))		15	%
16a		zation did not	check the box			6 or more, ched	
b	33% % support test—2008. If the organization qua			•	and line 15 is 3	33/4 % or more,	check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circui	mstances" test,	check this box	and <b>stop here.</b>	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> Iy supported org	Explain in Part janization	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b . . . . . Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .▶ 🔲 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) . . . 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage %\_ Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . % Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . . . 18 18 19a 33% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/4 %, and

line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization  $\blacktriangleright$  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  $\blacktriangleright$   $\Box$ 

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Schedule A (Form 990 or 990-EZ) 2009 Page <b>4</b>								
	Part IV	Supplemental Inf Part II, line 17a or	ormation. Complete 17b; and Part III, line	this part to provide the 12. Provide any other	ne explanations required er additional information.	by Part II, line 10; See instructions.			
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