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Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A For the 2009 calendar year, or tax year beginning JUN 1, 2009 and ending	MAY 31, 2010	
B Check if applicable Please C Name of organization	D Employer identifica	ation number
use IRS		
Name Name Doug Russians As	→ 25 1 <i>4</i>	55726
Initial Co. Number of the Act of		.55/20
Termin lated 1114 CROTON AVENUE		658-9258
Amended return tions City or town, state or country, and ZIP + 4	G Gross receipts \$	2,421.
Application NEW CASTLE, PA 16101	H(a) Is this a group ret	
F Name and address of principal officer. IRENE DOWNING	for affiliates?	Yes X No
SAME AS ABOVE	H(b) Are all affiliates inclu	ıded? Yes No
I Tax-exempt status: X 501(c) (7) ◀ (insert no.)	If "No," attach a li	st. (see instructions)
J Website: ► N/A	H(c) Group exemption	
	ear of formation: 1963 M	State of legal domicile: P.
1 Profit describe the exposization's mission or most significant estudies: COCTAT. At	TO CHARTMARI.E	
ORGANIZATION Check this box if the organization discontinued its operations or disposed of m Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12	ND CHARLIADDE	
E 2 Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets
3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of employees (Part V, line 2a)	. 5	22
6 Total number of volunteers (estimate if necessary)	. 6	150
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	<8,141.
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0.105	0 200
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,135.	2,309
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	598.	112.
11 30131 10131 101 1 111, 30131 111 (), 11133 3, 30, 30, 100, 411 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.401
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	्रें। 2/1331	2,421
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) SEP 2 2 201		
14 Benefits paid to or for members (Part IX, column (A), line 4)	121	
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	r	
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,471.	4,586
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,471.	4,586
19 Revenue less expenses Subtract line 18 from line 12	<738.>	_
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	457,960.	447,411.
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances, Subtract line 21 from line 20	1,381.	1,474.
22 Net assets or fund balances. Subtract line 21 from line 20	456,579.	445,937.
Part II Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete "Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	nts, and to the best of my knowledge	and belief, it is true, correct,
Sign Journal Sign	9-9-11)
Here Signature of officer	Date	
IRENE DOWNING, PRESIDENT Type or print name and title	<u>.</u>	
Total A	Check If Preparer	's identifying number
Paid Topador S	self- (see insti	
	employed >	
Preparer's Firm's name (or DACKED THOMAG		
Preparer's Firm's name (or PACKER THOMAS	EIN ►	
Preparer's Use Only Use Only Use Only PACKER THOMAS Soft-employed, address and address address address and address		A 657 2000
Preparer's Use Only Use Only PACKER THOMAS Self-employed), 325 EAST WASHINGTON STREET		4.657.2880 X Yes No

Form 990 (2009) LADIES OF THE DUKES
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		L
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable .	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			ĺ
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х
408	Schedule D, Parts XI, XII, and XIII.	12		
1ZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.74		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X_
		Form	990 (2009)

Part IV Checklist of Required Schedules (continued)

		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	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	25b	-	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	00-		.
a		28a		X
b		28b	1	
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		x
20	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	<u> </u>	<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	<u> </u>	
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?		<u> </u>	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	l	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990 (2009)

David M.	01.1	OU IDO FIL I T O I	
Part VI	Statements Regardin	g Other IRS Filings and Tax Compliance	
	Ctatomonto i togaram	g outon mo mingo and rax compilation	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 22			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			ŀ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	<u>L.</u> .
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	X	
4a	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 account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7 <u>a</u>		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	_		
_	at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the organization make any taxable distributions under section 4966?	9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.			
_ b				
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not not amounts due or paid to other sources against			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
12-	amounts due or received from them.) Section 4047(a)(1) non-exempt sharitable trusts. Is the organization filing Form 990 in liqu of Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	120 120	Form	990	(2000)
		1 01111		12003

<u>25-1455726</u> Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body 1a 9								
b	Enter the number of voting members that are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	_3_		<u>X</u>					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>					
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?	6		<u>X</u>					
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:								
а	The governing body?	8a_	Х						
b	Each committee with authority to act on behalf of the governing body?	_8b_	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1						
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10a		_X_					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	401							
	and branches to ensure their operations are consistent with those of the organization?	10b	х						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	_						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	i	X					
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	in Schedule O how this is done	12c							
13	Does the organization have a written whistleblower policy?	13		X					
14	Does the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	1	X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶PA	_							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for							
	public inspection. Indicate how you make these available. Check all that apply								
	Own website Another's website Upon request	-1.5							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	id fina	ncial						
00	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization.	ion 📂							
	CLUB TREASURER - 724-658-9258 1114 CROTON AVENUE, NEW CASTLE, PA 16101								
	1114 CROTON AVENUE, NEW CASTLE, PA 16101	Form	990 (2009)					

932006 02-04-10

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours	(cl		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
IRENE DOWNING PRESIDENT	1.00							0.	0.	0.
KAY MASARA	1.00				\vdash	\vdash		0.	0.	<u> </u>
VICE PRESIDENT	1.00							0.	0.	0.
HELEN MORGAN										
TREASURER	1.00				L			0.	0.	0.
CHARLENE FARRIS SECRETARY	1.00							2,760.	0.	0.
DOLLY GAGLIARGO	1.00		\vdash			\vdash		2,700.		
FINANCIAL SECRETARY	1.00							4,297.	0.	0.
SYLVIA PEABODY										
TRUSTEE	1.00				$ldsymbol{f eta}$			0.	0.	0.
CHARMAINE RAPKO TRUSTEE	1.00							0.	0.	0.
CAROLE MURPHY	1.00		-	-		-		0.		
TRUSTEE	1.00				L			0.	0.	0.
						_				

Form 990 (2009)

	990 (2009) LADIES O	F THE D	UKI	<u> </u>				_		25-14	<u>557</u>	26	Pa	ıge 8
Paı	t VII Section A. Officers, Directors, Tru	ustees, Key E	mplo	oyee			ligh	<u>est</u>		ees (continued)				
	(A) Name and title	(B) Average hours	Average Position						(D) Reportable compensation	(E) Reportable compensation		Estin amo		
		per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		ot compe	her ensat n the uzation	tion e on ed
		:									_			
			<u> </u>								+			
											+			
											\downarrow			
											+			
											+			
1b	Total .	<u> </u>	<u></u>	l	l	L		!	7,057.		0.			0.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 in reportable				C
3	Did the organization list any former officer,			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on			es	No •
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co	-					· · · · · · · · · · · · · · · · · · ·	the organization		4		X X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	accrue compe	nsat	on f						ices rendered to		5		х
	tion B. Independent Contractors							4		\$100,000 of a				
	Complete this table for your five highest countries the organization.	mpensateo in	aepe	enae	ent c	ontr	acto	ors t		\$100,000 or comp	ensat		m 	
	(A) Name and business	address							(B) Description of s	ervices	Col	(C) mpens	ation	1
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	Total number of independent analysis in	nohidina bist -	os le	m+-	d +-	+ h	no I	\	(above) who recover ====================================	poro than				
2 —-	Total number of independent contractors (i \$100,000 in compensation from the organic	•	iot III	- mte) 		above, who received if	iore triarr		- 00	20 (0	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 28 CONTRIBUTIONS 29 A CONTRIBUTIONS 20 DONATIONS 20 DONATIONS 21 DEPOSIT BOX RENT 25 All other expenses 26 Joint costs. Check here Infollowing SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	19	Conferences, conventions, and meetings				
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23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a CONTRIBUTIONS b MEETING EXPENSE c DONATIONS d SUPPLIES e SAFETY DEPOSIT BOX RENT f All other expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here Infollowing SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a CONTRIBUTIONS b MEETING EXPENSE c DONATIONS d SUPPLIES e SAFETY DEPOSIT BOX RENT f All other expenses Ald lines 1 through 24f Joint costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	22	Depreciation, depletion, and amortization				
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a CONTRIBUTIONS b MEETING EXPENSE C DONATIONS d SUPPLIES E SAFETY DEPOSIT BOX RENT f All other expenses Total functional expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	23	Insurance				
a CONTRIBUTIONS b MEETING EXPENSE 737. 737. c DONATIONS 550. 550. d SUPPLIES 105. 105. e SAFETY DEPOSIT BOX RENT f All other expenses 44. 44. 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
b MEETING EXPENSE 737. 737. c DONATIONS 550. 550. d SUPPLIES 105. 105. e SAFETY DEPOSIT BOX RENT 50. 50. f All other expenses 44. 44. 25 Total functional expenses. Add lines 1 through 24f 4,586. 0. 26 Joint costs. Check here Infollowing SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	а		3,100.	3,100.		
c DONATIONS d SUPPLIES e SAFETY DEPOSIT BOX RENT f All other expenses Total functional expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	b		737.			
d SUPPLIES e SAFETY DEPOSIT BOX RENT f All other expenses Total functional expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	С	DONATIONS	550.	550.		
e SAFETY DEPOSIT BOX RENT f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	d					
25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	е	SAFETY DEPOSIT BOX RENT		50.		
26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	f	All other expenses	44.			
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	25	Total functional expenses. Add lines 1 through 24f	4,586.	4,586.	0.	0.
reported in column (B) joint costs from a combined	26	Joint costs. Check here If following				
educational campaign and fundraising solicitation		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation				<u> </u>

				(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing			28,826.	1	60,513
2	Savings and temporary cash investments		.	69,755.	2	68,284
3	Pledges and grants receivable, net		•		3	00,202
1	Accounts receivable, net				4	
4	Receivables from current and former officers, di	 roctore tra	retore kov			
5	employees, and highest compensated employe					
	of Schedule L	es. Compie	ster art ii		5	
6	Receivables from other disqualified persons (as	defined ur	oder section			
"	4958(f)(1)) and persons described in section 49					
	Part II of Schedule L	00(0)(0)(D)	Complete		6	
. _	Notes and loans receivable, net		 		7	
8	Inventories for sale or use		• }-	4,667.	8	1,968
8		•	}	4,007.	9	1,500
9	Prepaid expenses and deferred charges	1 1	· -		-	
10a	Land, buildings, and equipment: cost or other	100	626,112.			
Ι.	basis. Complete Part VI of Schedule D	10a	309,466.	354,712.	400	316,646
l b	•	100	309,400.	334,114.		310,040
11	Investments - publicly traded securities	• •		11		
12	Investments - other securities. See Part IV, line			13		
13	Investments - program-related. See Part IV, line	11		· · · · · · · · · · · · · · · · · · ·	14	
14	Intangible assets		•		15	
15	Other assets. See Part IV, line 11	رادي مصارات		457,960.	16	447,411
16	Total assets. Add lines 1 through 15 (must equ	iai iirie 34)		1,364.	17	1,474
17	Accounts payable and accrued expenses		. '	1,304.	18	1,11
18	Grants payable .	•	•			··
19	Deferred revenue		}-	- -	19	
20	Tax-exempt bond liabilities	David N.C.+6	Sala adula D		20	
<u>g</u> 21	Escrow or custodial account liability Complete			-	21	
22	Payables to current and former officers, directo					
21 22 22 22 22 23 24 25 25 25 25 25 25 25	highest compensated employees, and disqualif	iea person	s. Complete Part II		00	
	of Schedule L				22	
23	Secured mortgages and notes payable to unrel		i i		23	
24	Unsecured notes and loans payable to unrelate		ties	17.	24	0
25	Other liabilities. Complete Part X of Schedule D		· -	1,381.	25	1,474
26	Total liabilities. Add lines 17 through 25	_		1,301.	26	1,4/4
_	Organizations that follow SFAS 117, check h	ere 🚩 L	and complete			
	lines 27 through 29, and lines 33 and 34.				07	
27	Unrestricted net assets		}		27	
28	Temporarily restricted net assets	}		28	· · · · · · · · · · · · · · · · · · ·	
29 2 9	Permanently restricted net assets		■ X and		29	
:	Organizations that do not follow SFAS 117, o	heck here	► L& and			
5	complete lines 30 through 34.			^		^
30	Capital stock or trust principal, or current funds			0.	30	0
ğ 31	Paid-in or capital surplus, or land, building, or e		T i		31	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated in	ncome, or o	otner funds	456,579.	32	445,937
33	Total net assets or fund balances	•	-	456,579.	33	445,937
34	Total liabilities and net assets/fund balances			457,960.	34	447,411

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Nam	e of the organization LADIES OF THE DUKE	ag .	Emp	oloyer identification number
Pai			or Accou	
ı aı	organization answered "Yes" to Form 990, Part IV, In		, o. 7.000u	••••• Complete il tile
	organization answered tes to Form 990, Part IV, IIII	(a) Donor advised funds	(b) Fun	ds and other accounts
	Total number at and of year	(a) Donor devices rando	(2)	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	_	sea tunas	
_	are the organization's property, subject to the organization's	_		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a		-	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conterring	
Pai	t II Conservation Easements. Complete if the organization	ganization answered "Vos" to Form 990 F	Part IV Juno 7	Yes No
			artiv, mie 7.	, <u> </u>
1	Purpose(s) of conservation easements held by the organizat		toroolly mos	artest land area
	Preservation of land for public use (e.g., recreation or protection of natural habitat	pleasure) Preservation of an his		
	Preservation of open space	Preservation of a cert	illed Historic :	structure
0	• •	find appearation contribution in the form	of a consense	ation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualiday of the tax year.	med conservation contribution in the form	oi a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	TICIO AL UIO EIIO OI UIO TAX TOUI
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	nucture included in (a)	2c	
	Number of conservation easements included in (c) acquired		2d	
3	Number of conservation easements modified, transferred, re			during the tax
_	year▶	33		3
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements	rt holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements d	luring the yea	r >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 :	\$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	e statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ttion's financial statements that describes	the organizat	ion's accounting for
	conservation easements.			
Pai	t III Organizations Maintaining Collections o		ther Simil	ar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	·		
	treasures, or other similar assets held for public exhibition, e		iblic service, p	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these			les of act beataward transcers
D	If the organization elected, as permitted under SFAS 116, to			
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide trie	Tollowing amounts relating to
	these items. (i) Revenues included in Form 990, Part VIII, line 1		_	¢
	(ii) Assets included in Form 000. Bort V			\$ \$
2				
2	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1		ai gairi, provid	□
а	Devenues included in Form 000. Bort VIII line 1	To relating to these items	.	\$
b	Assets included in Form 990, Part X	•		\$
D	, woods managed in Form 600, Farch			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

316,646.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

LADIES OF THE DUKES

25-1455726 Page 3

uncertain tax positions under FIN 48

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 LADIES OF THE DUKES	A	1 =	-:-10	25-14	55726	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	ed Finan		atements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			_1_			421.
2	Total expenses (Form 990, Part IX, column (A), line 25)			_2			<u>,586.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-		3		<2,	<u>.165.</u> :
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities		-	5			
6	Investment expenses			6			
7	Prior period adjustments .			7			
8	Other (Describe in Part XIV.)	-		8		<8 _	<u>,477.</u> :
9	Total adjustments (net) Add lines 4 through 8			9			<u>, 477 .</u> :
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at			10		<u> <10</u>	<u>.642.</u> :
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Rever	nue pe	er Return		
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments .	2a					
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d .				. 2e		
3	Subtract line 2e from line 1				. 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expe	nses	per Return		
1	Total expenses and losses per audited financial statements				. 1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses .	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
Pai	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a	a and 4; Pa	rt IV, lır	es 1b and 2b;	Part V, line	4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this	part to pro	vide an	y additional inf	ormation	
PAI	RT XI, LINE 8: UNRELATED BUSINESS LOSS					-	
						<u> </u>	
	1.7						

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. Name of the organization

Employer identification number

LADIES OF THE DUKES	25-1455726
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
CIVIC STANDARDS AND TO PROVIDE A PRACTICAL MEANS OF FORM	ING ENDURING
FRIENDSHIPS, AND TO BUY, SELL, LEASE, LET OT IMPROVE REA	L ESTATE."
FORM 990, PART VI, SECTION B, LINE 11: PACKER THOMAS REV	IEWS THE 990 WITH
THE LADIES OF THE DUKES AT THE MONTHLY MEETING IN WHICH	THE TAX SERVICES
ARE COMPLETE. ALL MEMBERS OF THE SOCIAL CLUB ATTEND THE	MEETING AND HAVE
THE OPPORTUNITY TO ASK QUESTIONS.	
FORM 990, PART VI, SECTION C, LINE 19: THE LADIES OF THE	DUKES MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND	FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	