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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, **2009, and ending** 06/30, **20** 10

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 181 RYDERS LANE — Room/suite

City or town, state or country, and ZIP + 4 NEW BRUNSWICK, NJ 08901

D Employer identification number 22-1607270

E Telephone number (732) 932-2880

G Gross receipts $ 2,715,477.

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP://DOUGLASSALUMNAE.RUTGERS.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1927 **M** State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE FINANCIAL AND PROGRAMMING SUPPORT TO DOUGLASS COLLEGE, ITS STUDENTS AND ALUMNAE, AND TO PROMOTE UNIQUE EDUCATIONAL EXPERIENCES AND LEADERSHIP OPPORTUNITIES INHERENT IN A WOMEN'S COLLEGE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	5,555
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,475,059.	1,755,998.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	297,703.	218,044.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,099.	29,415.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,915,861.	2,003,457.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	842,933.	352,674.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,063,154.	1,196,808.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	157,196.	157,196.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 608,620.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	358,193.	277,626.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,421,476.	1,984,304.
19	Revenue less expenses Subtract line 18 from line 12	-505,615.	19,153.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	16,158,917.	16,038,485.
21	Total liabilities (Part X, line 26)	1,395,062.	924,390.
22	Net assets or fund balances. Subtract line 21 from line 20	14,763,855.	15,114,095.

SCANNED NOV 30 2010

RECEIVED NOV 05 2010 IRS-OSC E2-ESC OGDEN UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Eileen Marie Cotter — Signature of officer — Date 11/4/10

▶ EILEEN M. Cotter, Interim Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 10/25/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00039958

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WITHUMSMITH+BROWN, P.C. ONE SPRING STREET NEW BRUNSWICK, NJ 08901 — EIN ▶ 22-2027092 — Phone no ▶ 732-828-1614

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Form **990** (2009)

JSA
9E1010 3 000

20

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 352,674. including grants of $ 352,674) (Revenue $ 0.)
THE ORGANIZATION PROVIDED FINANCIAL SUPPORT TO MORE THAN 200 STUDENTS THROUGH SCHOLARSHIPS, FELLOWSHIPS, AWARDS AND FUNDING FOR STUDY ABROAD AND OTHER SPECIAL OPPORTUNITIES, AS WELL AS FUNDS TO FILL CRITICAL NEEDS OF THE COLLEGE.

4b (Code _____) (Expenses $ 290,370. including grants of $ 0.) (Revenue $ 0)
THE ORGANIZATION DEVOTED RESOURCES TO MAINTAINING COMMUNICATION WITH ALUMNAE THROUGH THE DOUGLASS ALUMNAE NEWS, THE DOUGLASS ALUMNAE MAGAZINE AND THE ORGANIZATION'S WEBSITE. THREE ISSUES OF THE NEWSLETTER WERE MAILED TO ALL ALUMNAE. DONORS ALSO RECEIVED TWO ISSUES OF THE ALUMNAE MAGAZINE. ALUMNAE WHO PROVIDED AN EMAIL ADDRESS ALSO RECEIVED E-NEWSLETTERS THREE TIMES DURING THE YEAR.

4c (Code _____) (Expenses $ 309,532. including grants of $ 0.) (Revenue $ 0.)
RESOURCES WERE ALLOCATED TO PROGRAMMING DESIGNED TO CONNECT ALUMNAE TO EACH OTHER AND TO BRING ALUMNAE BACK TO THE COLLEGE CAMPUS. DURING REUNION WEEKEND, MORE THAN 540 ALUMNAE AND FRIENDS RETURNED TO CAMPUS FOR A WEEKEND OF ACTIVITIES. OTHER PROGRAMMING DURING THE YEAR INCLUDED NETWORKING EVENTS; COOKING INSTRUCTION; AN OPEN HOUSE AT THE ALUMNAE CENTER DURING THE NEW JERSEY FOLK FESTIVAL; AND PARTICIPATION IN HOMECOMING.

4d Other program services (Describe in Schedule O) ATTACHMENT 4
(Expenses $ 245,882 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses ▶ 1,198,458.

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	X	
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		X
5	**Sections 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, VII, 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 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 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 Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
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, 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	X	
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

Part IV Checklist of Required Schedules *(continued)*

			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	X	
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	
24 a	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 question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**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		X
b	Is the organization 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*	25b		X
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		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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *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 Schedule N, Part II*	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			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 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 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?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	21		
b	Enter the number of voting members that are independent	1b	21		
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			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
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				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b			X
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*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	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, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, ME, MD, MA, MI, NH, NJ, NY, OH, PA, VA, WA,

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 ▶ EILEEN COTTER 181 RYDERS LANE NEW BRUNSWICK, NJ 08901
732-932-2880

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARIE ARNOLD PRESIDENT	1.00	X		X				0.	0.	0.
SHEILA KELLY HAMPTON VP FOR DEVELOPMENT	1.00	X		X				0.	0.	0.
JOYCE ALBERS-SCHONBERG VP FOR ADMINISTRATION	1.00	X		X				0.	0.	0.
TINA GORDON SECRETARY	1.00	X		X				0.	0.	0.
KRISTIN LONG VP FOR PROGRAM	1.00	X		X				0.	0.	0.
JEAN FORREST HYDE TREASURER	1.00	X		X				0.	0.	0.
MARY ZIMMERMAN CHYB UNIVERSITY TRUSTEE	1.00	X						0.	0.	0.
CAROL ANN MONROE UNIVERSITY TRUSTEE	1.00	X						0.	0.	0.
LINDA P. CLARK MEMBER	1.00	X						0.	0.	0.
CARMEN DELIA DIAZ MEMBER	1.00	X						0.	0.	0.
WENDY GROSSMAN MEMBER	1.00	X						0.	0.	0.
JOYCE WILSON HARLEY MEMBER	1.00	X						0.	0.	0.
MARILYN MAROLDA STEINER MEMBER	1.00	X						0.	0.	0.
JENNY LICHTENWALNER MEMBER	1.00	X						0.	0.	0.
JEWEL THOMPSON-CHIN MEMBER	1.00	X						0.	0.	0.
VICTORIA KOZO MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHANIE CAYNE-MEISKIN MEMBER	1.00	X						0.	0.	0.
STEFANIE LACHENAUER MEMBER	1.00	X						0.	0.	0.
DEBORAH CROUCH MEMBER	1.00	X						0.	0.	0.
GAIL HOULIHAN MEMBER	1.00	X						0.	0.	0.
HARRIET DAVIDSON MEMBER	1.00	X						0.	0.	0.
KATE BARBOUR DOUGLASS STUDENT LIASON	1.00	X						0.	0.	0.
CAROLYN PREVITY VP OF COMMUNICATIONS	1.00	X		X				0.	0.	0.
ROSALYN GELLER STEIN MEMBER	1.00	X						0.	0.	0.
RACHEL INGBER EXECUTIVE DIRECTOR	40.00			X		X		133,534.	0.	20,339.
SUSAN STURGILL VP FOR FINANCE	40.00			X		X		115,036.	0.	14,231.
1b Total ▶								248,570.	0.	34,570.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue 22-1607270

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,755,998.				
	g Noncash contributions included in lines 1a-1f $ 302,783.				
	h **Total.** Add lines 1a-1f ▶	1,755,998.			
Program Service Revenue		**Business Code**			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	220,338			220,338.
	4 Income from investment of tax-exempt bond proceeds ▶	0.			
	5 Royalties ▶	0.			
		(i) Real / (ii) Personal			
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶	0.			
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory: 709,726				
	b Less cost or other basis and sales expenses: 712,020				
	c Gain or (loss): -2,294				
	d Net gain or (loss) ▶	-2,294.			-2,294.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶	0.			
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶	0			
	Miscellaneous Revenue	**Business Code**			
	11a MISCELLANEOUS		29,415.			29,415.
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	29,415.			
	12 **Total Revenue.** See instructions ▶	2,003,457.			247,459.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	313,038.	313,038.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	39,636.	39,636.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	283,141.	127,415.	83,711.	72,015.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	697,577.	383,654.	97,105.	216,818.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,241.	29,414.	6,485.	14,342.
9 Other employee benefits	96,258.	59,375.	16,635.	20,248.
10 Payroll taxes	69,591.	36,990.	13,296.	19,305.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	15,400.		15,400.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	157,196.			157,196.
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	44,901.		44,901.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	407.		407.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	231.		231.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	45,067.		45,067.	
23 Insurance	3,551.		3,551.	
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 CHARITABLE REGISTRATIONS	7,835.		7,835.	
b PROGRAM EVENTS	79,013.	79,013.		
c PUBLICATIONS	123,682.	123,682.		
d EXECUTIVE DIRECTOR'S EXPENSE	764.		764.	
e ALUMNAE COUNCIL	4,097.		4,097.	
f All other expenses	-47,322.	6,241.	-162,259.	108,696.
25 **Total functional expenses.** Add lines 1 through 24f	1,984,304.	1,198,458.	177,226.	608,620.
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 educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	2,900,088.	2	4,002,446.
	3	Pledges and grants receivable, net	0.	3	129,414.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,536,514.			
	b	Less. accumulated depreciation — 10b: 438,098.	1,143,484.	10c	1,098,416.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	11,713,609.	12	10,392,449.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	401,436.	15	415,460.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	16,158,917.	16	16,038,485.
Liabilities	17	Accounts payable and accrued expenses	24,869.	17	19,004.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,370,193.	25	905,386.
	26	**Total liabilities.** Add lines 17 through 25	1,395,062.	26	924,390.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,001,066.	27	5,636,407.
	28	Temporarily restricted net assets	1,827,363.	28	2,419,076.
	29	Permanently restricted net assets	6,935,426.	29	7,058,612.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	14,763,855.	33	15,114,095.
	34	Total liabilities and net assets/fund balances	16,158,917.	34	16,038,485.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE	22-1607270

Part I **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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: _____

5 ☒ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3 % 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 1/3% 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).**

11 ☐ 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)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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.")	1,404,189.	1,654,508.	2,072,669.	1,475,059	1,755,999.	8,362,424.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,404,189.	1,654,508.	2,072,669.	1,475,059	1,755,999	8,362,424.
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)						
6 **Public support.** Subtract line 5 from line 4						8,362,424.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,404,189.	1,654,508	2,072,669.	1,475,059.	1,755,999	8,362,424.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	784,560.	999,837	999,399	297,703.	218,044	3,299,543
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1	141,238	162,565	760,458.	143,099	29,415	1,236,775
11 **Total support.** Add lines 7 through 10						12,898,742

12 Gross receipts from related activities, etc (see instructions) 12

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 64.83%

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 55.11%

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 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						
6 **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						
8 **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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 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.)						

14 **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

15	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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INVESTMENT INCOME	2,084.	0.	0	0.	0.	2,084.
MISCELLANEOUS	139,154.	162,565.	760,458	143,099	29,415.	1,234,691.
TOTALS	141,238.	162,565.	760,458	143,099	29,415.	1,236,775.

ASSOCATE ALUMNAE OF DOUGLASS COLLEGE
22-1607270
Form 990 FYE 6/30/10

****** NOT OPEN TO PUBLIC INSPECTION******

Name & Address	Amount	Date	Description
	$5,000 00	03/31/10	
	$10,000 00	10/29/2009	
	$253,668 28	12/29/2009	3908 shares of Medco Health Solutions
	$6,500 00	2/11/2010	
	$10,000 00	12/21/2009	
	$5,000 00	12/18/2009	
	$5,000 00	10/1/2009	
	$5,000 00	5/25/2010	
	$15,524 93	04/29/2010	
	$5,000 00	12/21/2009	
	$1,000 00	06/03/2010	
	$9,000 00	04/13/2010	Unconditional Promise to Give
	$6,353 50	11/20/09	50 shares of IBM
	$5,000 00	12/15/09	
	$12,500 00	1/29/2010	

ASSOCATE ALUMNAE OF DOUGLASS COLLEGE
22-1607270
Form 990 FYE 6/30/10

****** NOT OPEN TO PUBLIC INSPECTION******

Name & Address	Amount	Date	Description
	$9,872 26	6/2/2010	Part of a gift of 886 shares of Oracle
	$1,506 60	12/29/2009	27 shares of Teva
	$6,697 00	8/4/2009	
	$60,127 74	05/19/2010	Unconditional Promise to Give
	$12,500 00	05/28/2010	
	$12,500 00	07/15/2009	
	$4,000 00	12/10/2009	
	$1,000 00	07/15/2009	
	$5,600 00	08/25/2009	
	$6,000 00	12/24/2009	
	$1,000 00	03/12/2010	
	$4,000 00	03/12/2010	Unconditional Promise to Give
	$5,555 00	05/13/10	
	$5,000 00	11/19/2009	
	$2,500 00	11/3/2009	
	$75,000 00	03/24/2010	Unconditional Promise to Give
	$5,000 00	12/18/09	
	$2,000 00	08/06/09	
	$5,000 00	05/11/10	
	$10,000 00	8/20/2009	
	$5,500 00	12/30/2009	
	$11,000 00	05/24/10	
	$8,470 00	9/28/2009	125 sh of Research in Motion
	$10,000 00	4/19/2010	

ASSOCATE ALUMNAE OF DOUGLASS COLLEGE
22-1607270
Form 990 FYE 6/30/10

****** NOT OPEN TO PUBLIC INSPECTION******

Name & Address	Amount	Date	Description
	$5,009 40	3/8/10	184 shares of Crown Holdings
	$10,000 00	7/22/2009	
	$10,000 00	1/12/2010	
	$4,375 00	9/16/2009	
	$2,600 00	5/11/2010	
	$5,000 00	6/3/2010	
	$5,000 00	6/4/10	
	$5,000 00	12/23/2009	
	$25,000 00	4/29/2009	
	$1,500 00	11/17/2009	
	$1,500 00	2/26/2010	
	$1,500 00	4/19/2010	
	$1,500 00	6/29/2010	
	$15,000 00	6/22/2010	
TOTAL	$712,359 71		

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

2009

Open to Public Inspection

Name of the organization

ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number

22-1607270

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0.

(ii) Assets included in Form 990, Part X ▶ $ 22,493.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a [X] Public exhibition
b [X] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . [ ] Yes [ ] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,881,192.	11,199,360.			
b Contributions	60,677	39,575.			
c Net investment earnings, gains, and losses	480,018.	-2,896,453.			
d Grants or scholarships	184,520	333,018.			
e Other expenditures for facilities and programs	8,836.	32,664.			
f Administrative expenses	103,168.	95,608.			
g End of year balance	8,125,363.	7,881,192.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 11.0000 %
b Permanent endowment ▶ 89.0000 %
c Term endowment ▶ 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,341,576.	243,160.	1,098,416.
d Equipment	0.	194,938.	194,938.	0.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,098,416.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other INVESTMENT IN BONDS AND NOTES	743,394.	FMV
POOLED INVESTMENT FUND	9,649,055.	FMV
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	10,392,449.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED VACATION BENEFIT	83,006.
DUE TO ALUMNAE CLASSES	51,247.
DUE TO DOUGLASS FUND	771,133.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	905,386.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,003,457.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,984,304.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,153.
4	Net unrealized gains (losses) on investments	4	343,686.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	343,686.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	362,839.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,447,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	344,065.		
b	Donated services and use of facilities	2b	100,432.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-379.		
e	Add lines **2a** through **2d**			2e	444,118.
3	Subtract line **2e** from line **1**			3	2,003,457.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	2,003,457.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,084,736.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	100,432.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	100,432.
3	Subtract line **2e** from line **1**			3	1,984,304.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	1,984,304.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON 990 PART VIII, LINE 12

PART XII LINE 2D

CHANGE IN VALUE-SPLIT INTEREST AGREEMENT = (379)

ART COLLECTION

PART III LINE 4

THIS IS A COLLECTION OF APPROXIMATELY 78 PIECES OF AMERICAN INDIAN ART INCLUDING SCULPTURES, DOLLS, POTTERY, ETC. THE COLLECTION IS ON LOAN TO THE ART HISTORY MUSEUM AT RUTGERS TO BENEFIT UNIVERSITY STUDENTS AND FACULTY IN THEIR SCHOLARLY PURSUITS.

AUDITED FINANCIALS

SCHEDULE D PART XI

THE REGISTRANT ORGANIZATION DOES NOT HAVE SEPARATELY STATED FINANCIAL STATEMENTS; RATHER, THE ORGANIZATION IS INCLUDED AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ALONG WITH ITS AFFILIATED TAX-EXEMPT ORGANIZATION.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number
22-1607270

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [ ] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
ADVANTAGE FUND-RAISING CONSULTING, INC.	MANAGE PHONE PROG.		X	521,950.	157,196.	
GRAHAM-PELTON CONSULTING SOLICITATION TRAINING	CONSULTING COUNSELING		X	0.	1,500.	
Total ▶				521,950.	158,696.	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
CA,CT,KY,ME,MD,MA,MI,NH,NJ,NY,OH,PA,VA,WA,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts				
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain: _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain: _____			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in.			
a	The organization's facility	**13a** %		
b	An outside facility	**13b** %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address of the third party:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number
22-1607270

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 65 DAVIDSON ROAD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	313,038	0	NONE	NONE	STUDENT FINANCIAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶

Part III Grants and Other Assistance to Individuals In the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS, FELLOWSHIPS AND PRIZES	71	39,636.	0	BOOK	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

PART I LINE 2

SCHOLARSHIPS, FELLOWSHIPS, PRIZES AND OPPORTUNITY FUNDS ARE ADMINISTERED BY THE ASSISTANT DEAN FOR RESEARCH, SCHOLARSHIPS AND ASSESSMENT AT DOUGLASS COLLEGE. THE ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE NOTIFIES THE ASSISTANT DEAN OF THE AMOUNTS AVAILABLE AND ANY DONOR RESTRICTIONS OR CONDITIONS. PROCEDURES ARE IN PLACE FOR THE SELECTION PROCESS FOR EACH CATEGORY OF GRANTS OR AWARDS, WHICH ARE DETERMINED IN PART BY THE QUALIFICATIONS OF THOSE RECEIVING THE GRANTS OR AWARDS BASED ON DONOR INSTRUCTIONS AND/OR THE COLLEGE SELECTION COMMITTEE RECOMMENDATIONS. EACH

Part III **Grants and Other Assistance to Individuals In the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

OF THE FOLLOWING CATEGORIES HAS A SELECTION PROCESS IN PLACE:

SCHOLARSHIPS BASED ON MERIT AND NEED, MERIT SCHOLARSHIPS BASED ON MERIT AND NEED, MERIT SCHOLARSHIPS, SCHOLARSHIPS FOR STUDY ABROAD, FELLOWSHIPS FOR GRADUATE STUDY, AND SPECIAL OPPORTUNITY FUNDS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number
22-1607270

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	133,534.	0.	0.	13,353.	6,986.	153,873.	143,033.
RACHEL INGBER	(ii)	0.	0.	0.			0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

JSA

9E1291 1 000

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number
22-1607270

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous	X	16	302,783.	FAIR MARKET VALUE
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

NON-CASH CONTRIBUTIONS

LINE 32B

THE ORGANIZATION UTILIZES THE SERVICES OF AN INVESTMENT FIRM TO SELL NONCASH CONTRIBUTIONS OF SECURITIES.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number
22-1607270

ATTACHMENT 2

GOVERNING BODY AND MANAGEMENT

PART VI SECTION B LINE 11A

A DRAFT OF FORM 990 IS MADE AVAILABLE TO THE GOVERNING BODY FOR A PERIOD OF TIME DURING WHICH THEY MAY REVIEW IT BEFORE IT IS FINALIZED AND FILED.

POLICIES

PART VI SECTION B LINE 12C

EACH YEAR, BOARD MEMBERS ARE ASKED TO SIGN A STATEMENT ABOUT DISCLOSING CONFLICTS OF INTERESTS.

POLICIES

PART VI SECTION B LINE 15A & B

1. AN OVERALL FIGURE FOR COMPENSATION OF ALL AADC STAFF IS DETERMINED AND APPROVED BY THE ORGANIZATION'S DEPARTMENT FOR ADMINISTRATION DURING THE ANNUAL BUDGET PROCESS. THIS FIGURE IS THEN APPROVED BY THE BOARD OF DIRECTORS OF THE AADC AS PART OF APPROVING THE OVERALL OPERATING BUDGET FOR THE ORGANIZATION.

2. EACH AADC EMPLOYEE RECEIVES A PERFORMANCE EVALUATION BY THE PERSON(S) TO WHOM SHE REPORTS, INCORPORATING INPUT FROM ADDITIONAL INDIVIDUALS WITH WHOM SHE WORKS CLOSELY AS APPROPRIATE.

3. BASED ON ACTUAL PERFORMANCE TO THE JOB ASSIGNMENT AND MUTUALLY AGREED UPON ANNUAL GOALS, INCREASES MAY BE AWARDED, WORKING WITHIN THE ORGANIZATION'S OVERALL FIGURE FOR COMPENSATION OF ALL AADC STAFF.

Name of the organization: ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number: 22-1607270

ATTACHMENT 2 (CONT'D)

DISCLOSURE

PART VI SECTION C LINE 19

THE ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 IS ALSO AVAILABLE ON GUIDESTAR'S WEB SITE.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVIDE ONGOING FINANCIAL, PROGRAMMING AND COMMUNICATIONS SUPPORT TO DOUGLASS COLLEGE, ITS STUDENTS AND ITS ALUMNAE, AND TO ENCOURAGE AND PROMOTE THE UNIQUE EDUCATIONAL EXPERIENCE AND LEADERSHIP OPPORTUNITIES INHERENT IN A WOMEN'S COLLEGE.

ATTACHMENT 4

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
THE ORGANIZATION ALSO PROVIDED FULL SUPPORT FOR INITIATIVES SUCH AS THE AADC EXTERN PROGRAM, PUBLIC LECTURES WITH RENOWNED WOMEN AND THE DOUGLASS SOCIETY INDUCTION CEREMONY IN WHICH THREE DISTINGUISHED ALUMNAE SPEAK TO THE ENTIRE FIRST-YEAR CLASS.	0.	245,882.	0.
TOTALS	0.	245,882.	0.

Name of the organization: ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number: 22-1607270

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ADVANTAGE FUND-RAISING CONSULTING 208 PASSAIC AVE, 2ND FL FAIRFIELD, NJ 07004	FUNDRAISING CONSULT	157,196.
TOTAL COMPENSATION		157,196.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number
22-1607270

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE DOUGLASS FUND 22-7287311 181 RYDERS LANE NEW BRUNSWICK, NJ 08901	TRUST	NJ	501(C)(3)	5	N/A

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

Schedule R (Form 990) 2009

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Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Schedule R (Form 990) 2009

JSA

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SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

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

2009

Name of estate or trust: ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number: 22-1607270

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	-2,294.
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	-2,294.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	

Part III Summary of Parts I and II

Caution: *Read the instructions* ***before*** *completing this part.*

			(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			-2,294.
14	**Net long-term gain or (loss):**				
a	Total for year	14a			
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			-2,294.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of		
a	The loss on line 15, column (3) **or** b $3,000	16	(2,294)

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 7 of the instructions to figure your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if:*

- *Either line 14b, col. (2) or line 14c, col (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17		
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18				
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20				
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21				
22	Subtract line 21 from line 20 If zero or less, enter -0-			22		
23	Subtract line 22 from line 17 If zero or less, enter -0-			23		
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			26		
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 line 22			27		
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 Rate Schedule for Estates and Trusts (see the Schedule G instructions 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 Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				34	

SCHEDULE D-1
(Form 1041)

Department of the Treasury
Internal Revenue Service

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

2009

Name of estate or trust: ASSOCIATE ALUMNAE OF DOUGLASS COLLEGE

Employer identification number: 22-1607270

Part I **Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(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)
1a SECURITIES	VAR	VAR	709,726.	712,020.	-2,294.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . -2,294.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
OFFICE EQUIPMENT	04/01/2003	107,588.	100.000			107,588	96,061	107,588.	SL		7.000				11,527.
LEASEHOLD IMPROVEM	04/01/2003	1,341,576.	100 000			1,341,576	209,620	243,160.	SL		40 000				33,540.
EQUIPMENT	01/01/2001	50,962.	100 000			50,962	50,962.	50,962.	SL		7.000				
EQUIPMENT	01/01/2001	36,388	100.000			36,388	36,388	36,388.	SL		5 000				
Less: Retired Assets															
Subtotals		1,536,514.				1,536,514	393,031	438,098.							45,067.
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS		1,536,514.				1,536,514.	393,031.	438,098.							45,067.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

Analysis of Acct 100-675
Realized Gain/Loss on Sale of Securities
gainlosssecurities xls

Received in FY09-10 and Sold in FY09-10

	Gift Date	Purchase Price/ Gift Valuation	Gross Sales Price	Sales Commission Paid	Net Sales Price After Commissions	Sale Date	Realized Gain/ Loss	Donor
AADC 125 shs of Research in Motion	09/28/09	$8,470 00	$8,416 28	$45 00	$8,371 28	10/7/2009	($98 72)	Erika & Kevin Long
DF 194 shs of PNC	11/02/09	$9,822 22	$9,926 98	$34 40	$9,892 58	12/15/2009	$70 36	Estate ofe Helen Tischauser
AADC 58 shs of ExxonMobil	10/15/09	$4,190 79	$4,264 05	$40 00	$4,224 05	10/29/2009	$33 26	Janet Ramsay Patterson
AADC 9 shs of IBM	10/16/09	$1,102 19	$1,092 93	$40 00	$1,052 93	10/29/2009	($49 26)	Jeanne Cooper Scott
AADC 4 shs of IBM	11/10/09	$504 44	$506 18	$40 00	$466 18	11/16/2009	($38 26)	Mary & Ed Hartman
DF 29 shs of Goldman Sachs	11/12/09	$5,208 69	$5,138 08	$40 00	$5,098 08	11/19/2009	($110 61)	Judith Musicant
AADC 50 shs of IBM	11/29/09A	$6,353 50	$6,262 33	$40 00	$6,222 33	12/4/2009	($131.17)	Kem Gsell
AADC 55 shs of New Jersey Resources	12/10/09	$2,046 55	$2,083 40	$21 60	$2,061 80	12/31/2009	$15 25	Beatrice Di Francesco
AADC 25 shs of Johnson & Johnson	12/28/09	$1,622 00	$1,619 95	$40.00	$1,579 95	1/8/2010	($42 05)	Dorothy Parson Frank
AADC 27 shs of TEVA	12/29/09E	$1,506 60	$1,595.40	$40 00	$1,555 40	1/20/2010	$48 80	Alice Herman
AADC 3908 shs of Medco Health Solutions	12/29/09D	$253,668 28	$253,182 65	$381 72	$252,800 93	1/8/2010	($867 35)	Joyce Kovatch Albers-Schonberg
AADC 9 shs of Church & Dwight	02/10/10	$575 46	$580 76	$40 00	$540 76	2/19/2010	($34 70)	Sarah Lord Stillwell
DF 879 shs of Exxon/Mobil	02/18/10A	$57,767 88	$58,032 33	$135 48	$57,896 85	12/25/2010	$128 97	Estate of Kate B McKnight
DF 675 shs of Verizon	02/18/10A	$19,642 33	$19,731 61	$111 00	$19,620 61	2/25/2010	($21.72)	Estate of Kate B McKnight
DF 577 shs of Comcast Corp Class A	02/18/10A	$9,058 90	$9,100 27	$99 24	$9,001 03	2/25/2010	($57 87)	Estate of Kate B McKnight
DF 543 shs of Vodafone	02/18/10A	$12,057 42	$11,984 88	$95 16	$11,889 72	2/25/2010	($167 70)	Estate of Kate B McKnight
DF $5000 San Mateo County CA Trans Dis Tax Rev Ser 5 25% June 1/2019	02/18/10A	$5,717 25	$5,364 55	$0 00	$5,364 55	3/1/2010	($352 70)	Estate of Kate B McKnight
DF 2250 shs of AT & T	02/18/10A	$57,026 25	$56,631 78	$232 50	$56,399 28	2/25/2010	($626 97)	Estate of Kate B McKnight
DF $15,000 Federal Farm Cr Bks Cons Bd 5% 5/26/10	02/18/10A	$15,200 22	$15,106 25	$0 00	$15,106 25	2/25/2010	($93 97)	Estaste of Kate B McKnight
DF 4,187 123 units of PIMCO Funds Total Return Fund Instututional	02/04/10	$45,890 87	$45,890 87	$0 00	$45,890 87	2/25/2010	$0.00	Estate of Kate McKnight
DF 11,708 467 units of PIMCO FUNDS High Yield Fund Institutional	02/24/10	$103,737.02	$103,737 02	$0 00	$103,737.02	2/25/2010	$0 00	Estate of Kate McKnight

Analysis of Acct 100-675
Realized Gain/Loss on Sale of Securities
gainlosssecurities xls

	Gift Date	Purchase Price/ Gift Valuation	Gross Sales Price	Sales Commission Paid	Net Sales Price After Commissions	Sale Date	Realized Gain/ Loss	Donor
DF 3660.578 units of Dodfe & Cox Income Fund	02/24/10	$48,063 39	$48,063 39	$0 00	$48,063.39	3/3/2010	$0.00	Estate of Kate McKnight
AADC 184 shs of Crown Holdings	03/08/10	$5,009 40	$5,047 40	$52 08	$4,995 32	3/15/2010	($14 08)	Frank & Susan Mechura
9 shs of IBM	03/12/10	$1,151 46	$1,154 14	$40 00	$1,114 14	3/19/2010	($37 32)	Jeanne Cooper Scott
55 shs of New Jersey Resources	03/23/10	$2,064 43	$2,070 20	$21 60	$2,048 60	4/16/2010	($15 83)	Beatrice Di Francesco
50 shs of Liberty Media	4/13/2010	$2,771 50	$2,776 45	$0 50	$2,775 95	4/20/2010	$4.45	Maurice & Irma Meyer
38 shs of BP	05/13/10A	$1,874 16	$1,913 65	$0 38	$1,913 27	5/7/2010	$39 11	Elizabeth McCullough
886 shs of Oracle	6/3/2010	$19,744 51	$20,129 58	$8 86	$20,120 72	6/9/2010	$376 21	Alice & Arthur Herman Rubinstein
157 shs of Exxon Mobil	05/13/10A	$10,172 82	$9,923 80	$1 57	$9,922 23	5/19/2010	($250.59)	Constance Dayton
Received in FY10 and Not Sold as of 6/30/10								
		$0 00			$0 00		$0 00	
Received Prior to FY10 and Sold in FY10								
GRAND TOTAL		$ 712,020 53		$1,601 09	$ 709,726 07		$ (2,294 46)	

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees for the AADC in FY10

Officers Directors Trustees AADC 10.xls

Column A	Column B	Column C			Column D	Column E	Column F	Column G
Name/Title	Hours	Board of Directors	Officers	HCEs	Compensation Box 5 from 2009 W-2	Compensation from Related Organizations	Fiscal Year 2010 Contributions to Emp Benefit Plans	Total
Marie Arnold President, Board of Directors	As Needed		X		$0	$0	$0	$0
Sheila Kelly Hampton Vice President for Development, Board of Directors	As Needed		X		$0	$0	$0	$0
Joyce Albers-Schonberg Vice President for Administration, Board of Directors	As Needed		X		$0	$0	$0	$0
Carolyn Previty Vice President for Communications, Board of Directors	As Needed		X		$0	$0	$0	$0
Kristin Long Vice President for Program, Board of Directors	As Needed		X		$0	$0	$0	$0
Tina Gordon Secretary, Board of Directors	As Needed		X		$0	$0	$0	$0
Jean Forrest Hyde Treasurer, Board of Directors	As Needed		X		$0	$0	$0	$0
Mary Zimmerman Chyb University Trustee, Board of Directors	As Needed	X			$0	$0	$0	$0
Carol Ann Monroe University Trustee, Board of Directors	As Needed	X			$0	$0	$0	$0
Linda P. Clark Member, Board of Directors	As Needed	X			$0	$0	$0	$0
Carmen Delia Diaz Member, Board of Directors	As Needed	X			$0	$0	$0	$0
Wendy Grossman Member, Board of Directors	As Needed	X			$0	$0	$0	$0
Joyce Wilson Harley Member, Board of Directors	As Needed	X			$0	$0	$0	$0

AADC Statement of Program Service Accomplishments

AADC Program Service Accomplishments 10 xls

Description	Expenses including grants	Grants	Revenue
The organization provided financial support to more than 200 students through scholarships, fellowships, awards and funding for study abroad and other special opportunities, as well as funds to fill critical needs of the college.	$365,269.16	$365,269 16	$0.00
The organization devoted resources to maintaining communications with alumnae through the Douglass Alumnae News, the Douglass Alumnae Magazine, and the organization's website. Three issues of the newsletter were mailed to all alumnae. Donors also received two issues of the alumnae magazine Alumnae who provided an email address also received e-newsletters three times during the year	$290,370.35	$0.00	$0 00
Resources were allocated to programming designed to connect alumnae to each other and to bring alumnae back to the college campus. During Reunion weekend, more than 540 alumnae and friends returned to campus for three days of activities. Other programming during the year included networking events; cooking instruction; an open house at the Alumnae Center during the New Jersey Folk Festival; and participation in Homecoming.	$309,531 85	$0.00	$0.00
The organization also provided full support for initiatives such as the AADC Extern Program, public lectures with renowned women and the Douglass Society Induction Ceremony in which three distinguished alumnae speak to the entire first-year class.	$245,882.28	$0.00	
Total	$1,211,053.64	$365,269.16	$0 00

responsibilities and bank info 10.doc

The Associate Alumnae of Douglass College
Item #15

Individual responsible for custody of funds
Individual responsible for fund raising
Individual responsible for distribution of funds
Individual responsible for custody of financial records:

Rachel Ingber, Executive Director
181 Ryders Lane
New Brunswick, NJ 08901-8557

Individuals authorized to sign checks:

Rachel Ingber, Executive Director
181 Ryders Lane
New Brunswick, NJ 08901-8557

Marie Arnold
181 Ryders Lane
New Brunswick, NJ 08901-8557

Jean Forrest Hyde
181 Ryders Lane
New Brunswick, NJ 08901-8557

Banks in which registrant's funds are deposited:

Wachovia Bank
775 Georges Road
North Brunswick, NJ 08902
732-246-5826
Account Number(s)
2000030638505
287272091703549
2000030638699

Chase
629 Route 18 South
East Brunswick, NJ 08816
732-316-0206
Account Number(s)
000000778237016
000002748846488

PNC Bank
630 Georges Rd
North Brunswick, NJ 08902
732-448-1528
Account Number(s)
80-3565-3518
80-3964-9583

The Associate Alumnae of Douglass College
Independent Fundraiser
June 30, 2010
AADC professional fundraiser 10 - Advantage.xls

Name	Advantage Fund-Raising Consulting, Inc.
Address:	208 Passaic Avenue, 2nd Floor Fairfield, NJ 07004
Phone:	888-599-3737
Fax.	973-575-5614
NJ Reg #:	CH0039200

The Associate Alumnae of Douglass College
Professional Fundraiser Information
Item #20
AADC professional fundraiser attachment 10.doc

Name:	Advantage Fund-Raising Consulting, Inc.
Address:	208 Passaic Avenue, 2nd Floor Fairfield, NJ 07004
Telephone:	888-599-3737
Location of Office:	Douglass College Center 100 George Street New Brunswick, NJ 08901
Services Provided:	- Provides on-site director for phone solicitation program - Recruits, hires, trains, manages, and pays student callers - Prints prospect cards for calling program - Prints and mails personalized pre-call letters - Coordinates pre-call letter and solicitation call - Provides progress reports
Compensation:	Compensation is not based on amount of funds raised. Compensation is preset in the contract. Amount of annual compensation per contract: $157,196.
Dates of Contract:	07/01/2008 to 06/30/2010
Date of Campaigns:	A phone solicitation program is conducted during each fall and spring semester

Does the professional solicit on your behalf?
- The professional hires and manages student callers who solicit on the behalf of the Associate Alumnae of Douglass College.

Does the professional at any time have custody or control of donations?
- No.

The Associate Alumnae of Douglass College
Independent Fundraiser
June 30, 2010
AADC professional fundraiser 09 - Graham-Pelton.xls

Name:	Graham-Pelton Consulting, Inc.
Address:	39 Beechwood Road Summit, NJ 07901
Phone:	908-608-1388
Fax:	908-608-1520
NJ Reg #:	PFR0065400
Services Provided:	Graham-Pelton provided a speaker for campaign training for the Board of Directors and staff
Compensation Arrangement:	The Associate Alumnae of Douglass College will pay Graham-Pelton $1,500