

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



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)

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Inspect											
A F	or th	e 2009	caler	idar year, or tax year beginning 07/01, 2009, and ending		06/	/30 , 20 10				
B c	heck if ap	pticable	Please	C Name of organization THE DOUGLASS FUND	D Employer id	entifica	ition number				
	Addre chang	53 L	abel or	Doing Business As	22-728	7311	-				
	7		print or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone n	umber					
\vdash	┪	return	type. See	181 RYDERS LANE	(732) 932-2880						
\vdash	┥	ls ls	Specific	City or town, state or country, and ZIP + 4	(,32, 33						
\vdash	Terms Amen	l'	nstruc- tions.	NEW BRUNSWICK, NJ 08901	G Gross receipts \$ 1 900						
-	return Applic	L			G Gross receipts \$ 1,898,27						
	pendi		r Na	me and address of principal officer	affiliates?	up returr					
					H(b) Are all affilia	ites inclu	ided? Yes No				
		empt stat		X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," atta	ch a list	(see instructions)				
J	Websi	te: 🕨 F	HTTP	://DOUGLASSALUMNAE.RUTGERS.EDU	H(c) Group exemption number						
K	Form o	of organiz	ation	Corporation X Trust Association Other ▶ L Year of forma	tion 1969 M	State o	of legal domicile NJ				
Pa	rt I	Sum	mary	· · · · · · · · · · · · · · · · · · ·							
		Briofly	docer	he the erganization's mission or most significant activities	_	-					
	- " -	TO S	OLIC	be the organization's mission or most significant activities	r DOUGLAS:	 S					
2		COLL									
ğ											
Governance	_										
Ś				x 🕨 🔛 if the organization discontinued its operations or disposed of more than 25%		S	-				
∞5	3	Numbe	r of vo	ting members of the governing body (Part VI, line 1a)		3	5				
E	4	Numbe	r of in	dependent voting members of the governing body (Part VI, line 1b)		4	5				
ctivities	5	Total n	umber	of employees (Part V, line 2a)		5	0				
Act	6	Total n	umber	of volunteers (estimate if necessary)		6	15				
•	7 a	Total o	ross u	nrelated business revenue from Part VIII, column (C), line 12		7a					
	ь	Net uni	elated	business taxable incorection for 199p-T, line 34		7 b	.=				
					Prior Year	'- <u>-</u>	Current Year				
	8	Contrib	utions	and grants (Part VIII) ne 1a) 0 2010 O	3,984,4	54	1,429,176.				
9	١	Continu	ulions	and grains positive to 2010 2010 10 10 10 10 10 10 10 10 10 10 10 10	3,304,4	0.	0.				
Revenue					202 5						
8	10	Investn	nent ir	come (Part VIII, column (A), lines 3, 4, and (2)	293,5		370,637.				
	11	Other r	evenu	e (Part VIII, column (A) De Ned Street, 10¢, and 11e)	113,7		98,459.				
				- add lines 8 through 11 (must equal Part VIII), column (A), line 12)	4,391,7	$\overline{}$	1,898,272.				
	13	Grants	and s	milar amounts paid (Part IX, column (A), lines 1-3)	641,0	03.	733,018.				
	14	Benefit	s paid	to or for members (Part IX, column (A), line 4)		0.	0.				
ø	15	Salarie	s, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Profess	sional	fundraising fees (Part IX, column (A), line 11e)		0.	0.				
9	Ь			sing expenses, Part IX, column (D), line 25) 61,029.							
ũ	17			es (Part IX, column (A), lines 11a-11d, 11f-24f)	185,5	78.	201,597.				
				es Add lines 13-17 (must equal Part IX, column (A), line 25)	826,5		934,615.				
	1		-		3,565,2	-	963,657.				
F 60	19	Revent	je iess	expenses Subtract line 18 from line 12							
Net Assets or Fund Balances		_ , .		——————————————————————————————————————	Beginning of Ye 22,940,1		End of Year 24,858,636.				
888 388	20			Part X, line 16)	22,940,1	90.	24,636,636.				
ξĒ	21	Total li	abilitie	s (Part X, line 26)							
<u> 2,3</u>	22	Net ass	sets or	fund balances Subtract line 21 from line 20,	22,940,1	96.	24,858,636.				
Pa	irt II	Sig	natur	Block							
		Under	penalti	es of perjury, I declare that I have examined this return, including accompanying schedules an	d statements, and	d to the	e best of my knowledge				
				is true, correct, and complete Declaration of preparer (other than officer) is based on all info	ormation of whic	h prepa	arer has any knowledge				
S	ign	l	J)	Le Marie Catters	1 1/	1/10					
	ere) F	ignatu	re of officer Cotto	Date	710					
•			<i>- 1</i>	en M. Cotter Tuterin Executive Director	•						
		 	DILE	out name and title							
_		 	The OI	Date / Check if	Dra	narer's	identifying number				
Paid	1	Prepar		/ self-	(see	instruc	tions)				
	parer's	signat		(U/23/(U employed	<u>▶ </u>						
	Only	Firm's		or yours WITHUMSMITH+BROWN, P.C.	EIN 🕨	22	2-2027092				
	~y	address	s, and Z	P+4 ONE SPRING STREET NEW BRUNSWICK, NJ 08901	Phone no	7:	32-828-1614				
May	the I	RS disc	uss th	is return with the preparer shown above? (see instructions)			X Voe No				

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

JSA 9E1010 3 000

Form 990 (2009)

) (Revenue \$

4e Total program service expenses ▶

including grants of \$

794,047.

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		İ	
	Schedule C, Part II	4		Х
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		<u>-X</u>
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		v	
4.4	quasi-endowments? If" Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		х	
	VII, VIII, IX, or X as applicable	11	_^	
•	Schedule D, Part VI.	1		
	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	Х	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			,,
4.0	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			v
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		l	Х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		\vdash
1 3	If "Yes," complete Schedule G, Part III	40		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X
	one and organization operate one or more noopitals. II Tes, complete outleadie II	20		<u> </u>

Form **990** (2009)

Fai	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	Х	-
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		Ų	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
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			٠,
	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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
25 a	(), () () () () () () () () ()			ų,
	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			į
••	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	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?			_v
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	00-		,
a	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	006		x
_	Schedule L, Part IV	28b		
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,	00-		X
20	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	_30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		х
32	Part I	31		
J.2	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
• •	III, IV, and V, line 1	34	Х	
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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par	Statements Regarding Other IRS Fillings and Tax Compilance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Х	
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 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		1
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6 b		1
7	.			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7 a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7 e		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?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			ĺ
	required?	7 h		<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	·		
	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?	9 b		X
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L,
<u> </u>	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.

Sect	tion A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	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		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a				
	of the governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Χ
	Did-the-organization-contemporaneously document the meetings held or written actions undertaken during		-	-
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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		х	
	form?	11	^	
11A	- control in control of the process, in any, accuracy and organization to review and remined	40	Χ	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	^	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	х	
_	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	' -		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		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	j	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		-	
		16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, MD, MA, NJ, NY, 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 X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	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: FILEEN COTTER 181 RYDERS LANE NEW BRUNSWICK, NJ 08901-8557	ne		
	organization: ► EILEEN COTTER 181 RYDERS LANE NEW BRUNSWICK, NJ 08901-8557			
	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	Posit		(chec	C) k all	that app	oly)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
MARIANNE FICARRA												
CHAIR	1.00	Х		_			<u> </u>	0.	0.	0		
MARIE ARNOLD								_				
MEMBER	1.00	Х					<u> </u>	0.	0.	0		
EVELYN SERMONS FIELD MEMBER	1.00	X						0.	0	0		
HARRIET DAVIDSON	1.00	<u> </u>			-				0 .			
MEMBER	1.00	X						0.	0.	0		
MARY HAWKESWORTH	1.00	- ''		 				· · · · · · · · · · · · · · · · · · ·				
MEMBER	1.00	х						ο.	ο.	0		
		:										

9E1041 3 000

(A) Name and title	(B) Average	Posit	ion ((C		that app	oly)	(D) Reportable	(E) Reportable		(F) Estimated		
•	hours per week	Individual trustee or director	Institutional trustee	Key employee Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS		am comp fro orga and	nount of other pensation the anization in the anization i	of tion e ion ed
					_	-				-			
										\exists			
										7			
						,							
										\top			
						-				\dashv			
										\dashv			
										\dashv			
1b Total			<u></u>				►	0.	· -	0.			(
2 Total number of individuals (including but not reportable compensation from the organization		hose I		d at	oove	e) who	o re	ceived more than	\$100,000 in				
						-	-					Yes	No
B Did the organization list any former office employee on line 1a? If "Yes," complete Schede	er, directo ule J for suc	or or ch ind	tru <i>ıvıdı</i>	istee Jal	e, ∤ 	кеу є 	mp 	oloyee, or highest	compensate	։	3		X
4 For any individual listed on line 1a, is the													
the organization and related organizations individual											4		X
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,"	e or accr	ue co	omp	ens	atio	n fro	m rson	any unrelated o	rganization fo	r	5	_**	X
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization	compensat	ted in	dep	end	lent	cont	rac	tors that received	i more than	\$10	0,000	of	
(A) Name and business add	ress							(B) Description of ser	vices	C,	(C) ompens		
							-			—			

Part VIII		Statement of Revenue		22-7287311		
		•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्ष क	fa	Federated campaigns 1a				
Contributions, giffs, grants and other similar amounts	ь	Membership dues 1b				
	С	Fundraising events 1c				
<u>a</u> e_a	d	Related organizations 1d				
SI THE	e	Government grants (contributions) 1e				
er e	f	All other contributions, gifts, grants,				
급동		and similar amounts not included above . 11 1,429,176.				
5 5	9	Noncash contributions included in lines 1a-1f \$ 24,903				
	h	Total. Add lines 1a-1f	1,429,176			
Program Service Revenue	i	Business Code				
ě	2a					
8	b					
Ž	C					1
Š	ď			<u> </u>		-
<u>ra</u>	e					
5	f	All other program service revenue		 .		+
	9	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest, and	270 (22			222 (22
		other similar amounts)	370,637.			370,637
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0.			1
	_					
	6a	Gross Rents				
	b	Less: rental expenses				
	d	Rental income or (loss)	0.		-	
		Net rental income or (loss)				
	7a	Gross amount from sales of				
	_	assets other than inventory Less: cost or other basis				
	b	and sales expenses				
	_	Gain or (loss)				
	d	Net gain or (loss)	0	-		· · ·
Ф	8a	Gross income from fundraising				
Ž	02	events (not including \$				
Š		of contributions reported on line 1c)				
8		See Part IV, line 18				
9	h	Less direct expenses				
Other Revenue	l .	Net income or (loss) from fundraising events	0	-	_	
	I	Gross income from gaming activities				1
		See Part IV, line 19				
	ь	Less direct expenses b				
		Net income or (loss) from gaming activities ▶	0.			1
	10a	Gross sales of inventory, less		,		Sizen.
		returns and allowances a				
	ь	Less cost of goods sold b		•	_	1_
		Net income or (loss) from sales of inventory ▶	0			
	<u> </u>	Miscellaneous Revenue Business Code				
	11a	BENEFICIAL TRUST	98,459.			98,459.
	ь					
	C					
	d	All other revenue	_			
	е	Total. Add lines 11a-11d	98,459.			
	12	Total Revenue. See instructions	1,898,272.			469,096.

Part IX Statement of Functional Expenses

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

17.6 Abs.		not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Organizations in the US See Part IV, line 21 716, 448 716, 4				expenses	general expenses	expenses
2 Grants and other assistance to individuals in the US See Part IV, line 22	1	_	716 448	716 449		
the US See Part IV, Ine 22	_		710,440.	710,440.		
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part V, lines 15 and 16	2		16 570	16 570		
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		ľ	10,570.	10,570.		
U.S. See Part IV, lines 15 and 16	3	•				
Benefits paid to or for members 0 0 0 0 0 0 0 0 0			0.			
5 Compensation of current officers, directors, trustees, and key employees 0. 6 Compensation not included above, to disqualified persons (as defined under section 498(f)(1)) and persons described in section 4985(c)(3)(8) 0. 7 Other salaries and wages. 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 9 Other employee benefits. 10 Payrotit taxes. 11 Fees for services (incl-memloyees) 12 Accounting. 13 Allories and section 403(b) employer contributions. 14 Legal. 15 Legal. 16 Accounting. 16,300. 16,300. 16,300. 17 Investment management fees. 18 Other employees See Pat IV, line 17 finvestment management fees. 19 Other. 10 Other. 10 Other. 10 Other. 11 Fees for services (incl-memloyees) 12 Advertising and promotion. 13 Office expenses. 14 Information technology. 15 Royatties. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials on to covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 ETATE FILTING FEES. 3 STEMARDSHIT P EXPENSE SHARING. 183,087. 183,	A				· · · · · · · · · · · · · · · · · · ·	
trustees, and key employees	5					
6 Compensation not included above, to disqualified persons (as defined under section 4858(n)(1)) and persons described in section 4958(n)(3)(B)	•		0.			
persons (as defined under section 4958(0)(1)) and persons described in section 4958(0)(3)(8).	6	•	· -			
Persons described in section 4958(c)(3)(B)						
7 Other salaries and wages			0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	7		0.			
and section 403(b) employer contributions) .	8	· · · · · · · · · · · · · · · · · · ·				
9 Other employee benefits		· · · · · · · · · · · · · · · · · · ·	0.			
10 Payroll taxes	9	·	0.		-	
11 Fees for services (non-employees): a Management	10	· · ·	0.			
a Management 0.	11					· · ·
b Legal	а	· · ·	0.			
C Accounting			Ö.			
Professional fundrasing services See Part IV, line 17		- [16,300.	0.	16,300.	0.
Finestment management fees	d	Lobbying	0.		-	
g Other	е	Professional fundraising services See Part IV, line 17	0.			
2 Advertising and promotion 0 0 13	f	Investment management fees	0.			
13 Office expenses 0 0	9	Other				
14 Information technology. 0. 15 Royalities. 0. 16 Occupancy. 0. 17 Travel. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings. 0. 20 Interest. 0. 21 Payments to affiliates. 0. 22 Depreciation, depletion, and amortization. 0. 23 Insurance. 0. 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) 0. 2 STATE FILING FEES 2, 210. 0. 2, 210. b STEWARDSHIP EXPENSE SHARING 183,087. 61,029. 61,029. 61,029. c	12	Advertising and promotion				
15 Royalties 0 0 0 16 17 17 17 17 17 17 18 18	13	Office expenses				
16 Occupancy	14	Information technology				
17 Trave	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	16	Occupancy				
for any federal, state, or local public officials 19 Conferences, conventions, and meetings	17	Travel	0.			
19 Conferences, conventions, and meetings	18	•				
Interest						<u>.</u>
21 Payments to affiliates	19					
22 Depreciation, depletion, and amortization						
Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a STATE FILING FEES b STEWARDSHIP EXPENSE SHARING c d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f SOP 98-2 Complete this line only if the organization reported in column (B) joint costs		_				
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 STATE FILING FEES 2,210. 0. 2,210. b STEWARDSHIP EXPENSE SHARING 183,087. 61,029. 61,029. c 1 d 1 e 1 f All other expenses. Add lines 1 through 24f 934,615. 794,047. 79,539. 61,029. 25 Total functional expenses. Add lines 1 through 24f 934,615. 794,047. 79,539. 61,029.						
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a STATE FILING FEES b STEWARDSHIP EXPENSE SHARING c d f All other expenses Total functional expenses. Add lines 1 through 24f Soft P 98-2 Complete this line only if the organization reported in column (B) joint costs			0.			
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a STATE FILING FEES b STEWARDSHIP EXPENSE SHARING c f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs	24	·				
5% of total expenses shown on line 25 below) a STATE FILING FEES 2,210. b STEWARDSHIP EXPENSE SHARING 183,087. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029.						
a STATE FILING FEES b STEWARDSHIP EXPENSE SHARING 183,087. 61,029. 61,029. d d f All other expenses 2,210. 0. 2,210. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 61,029. 794,047. 79,539. 61,029. 61,029.		•				
b STEWARDSHIP EXPENSE SHARING c d —————————————————————————————————	_	,	2,210		2.210	
c d f All other expenses 25 Total functional expenses. Add lines 1 through 24f 934,615. 794,047. 79,539. 61,029. 26 Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs	8 h					61.029
d f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				01,023.	027023.	- 01/023.
f All other expenses	ن ام	ľ		-	· · · · · · · · · · · · · · · · · · ·	
f All other expenses	u a		-			
25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs	f	ľ			-	<u>. </u>
26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs			934,615.	794.047.	79,539.	61,029.
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs	-				-,	,
	•	SOP 98-2 Complete this line only if the	į			
from a combined educational campaign and			1			
fundraising solicitation	_					

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2.	Savings and temporary cash investments	_	2	
	3	Pledges and grants receivable, net	917,998.	3	652,510.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of		l	
		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	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or 10a			
		_other_basis Complete. Part VI of Schedule_D		-	
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	16,463,700.	12	18,754,872.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,558,498.		5,451,254.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,940,196.	16	24,858,636.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	-
88	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
äb		employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<u></u>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
8		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	4,234,614.	27	5,204,460.
<u>a</u>	28	Temporarily restricted net assets	3,223,483.	28	3,403,738.
8	29	Permanently restricted net assets	15,482,099.	29	16,250,438.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
93	30	Capital stock or trust principal, or current funds		30	
989	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
Ě	33	Total net assets or fund balances	22,940,196.	33	24,858,636.
_	34	Total habilities and net assets/fund balances	22,940,196.	34	24,858,636.
	<u></u>		,,	<u> </u>	- 000

Form **990** (2009)

LOU	n 990 (2009)		Pa	gel∠
Pa	rt XI Financial Statements and Reporting			_
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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?	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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 X 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		Х
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.	-3 b		

Form **990** (2009)

· SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer Identification number

ТН	E DO	OUGLASS F	TUND							22-72	87311
Pa	irt I	Reason f	or Public Chari	ity Status (All organ	izations m	ust comp	lete this	part.) Se	e instruc	ctions.	
The	orga	inization is n	ot a private found	dation because it is (F	or lines 1	through 11,	check or	ly one bo	x)		
1		A church, c	onvention of chu	rches, or association (of churches	described	in sectio	n 170(b)	(1)(A)(i).		
2		A school de	escribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)					
3		A hospital of	or a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii).		
4		A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
			ame, city, and sta								
5	Х	An organiz	ation operated fo	or the benefit of a col	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in
	_		3(b)(1)(A)(iv). (C	•							
6	Ш		_	vernment or governme							
7				lly receives a substan		its suppor	t from a q	governme	ental unit	or from t	the general public
	$\overline{}$			(1)(A)(vi). (Complete F		_				-	
8	Н			d in section 170(b)(1) (
9	Ш			lly receives (1) more							•
				ted to its exempt fun		-		•			
				ment income and un						511 tax)	from businesses
10			=	nafter June 30, 1975 Ind operated exclusive					-		
11	H	_	-	and operated exclusive	-	•	-				to corne out the
• •	ш			ublicly supported orga							-
				at describes the type of					•	-	
		a Typ	F			e III - Fund		•			pe III - Other
			_	ertify that the organiz			-	-			•
				ion managers and oth				-			•
			r section 509(a)(-							
1	:	If the orga	nization received	l a written determina	tion from t	he IRS tha	atıtısa	Type I, 7	Гуре II, о	r Type III	supporting
		organizatio	n, check this box								
9	3	Since Augu	ıst 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
		following pe	ersons?							•	
		(i) A pers	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h persor	s describ	oed in (ii)	Yes No
			_	erning body of the sup		nization?					
				erson described in (i) a							
_		= =	•	of a person described		-					11g(iii) X
	1		, <u>.</u>	ation about the suppo	, <u> </u>						
(I)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify	(vi) i organizat	s the	(vii) Amount of support
	·		ļ	above or IRC section		document?	col (I)	of your	(I) organi	zed in the	
				(see Instructions))	Yes	No	Yes	No	Yes	S?	
					160	140	168	10	162	l No	
	•		 					 			
	-		-					·			
									1		
_											
_							<u> </u>			<u> </u>	
										<u> </u>	
Tot	aı		1	1	I	l	I	I	i	1	

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009				-7287311		Page 2
Par	(Complete only if you check	ganizations Do ked the box on	escribed in Soline 5, 7, or 8	ections 170(I of Part I)	b)(1)(A)(iv) a	nd 170(b)(1)(A	\)(vi)
<u>Sec</u>	tion A. Public Support			<u> </u>			
Cal	endar 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")	617,754.	2,594,337	2,192,573.	3,984,454.	1,429,176	10,818,294
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	617,754.	2,594,337	2,192,573	3,984,454.	1,429,176	10,818,294.
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						10,818,294.
	tion B. Total Support					<u> </u>	10,616,294.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	617,754.	2,594,337	2,192,573	3,984,454.	1,429,176	10,818,294.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	997,969.	1,254,790	1,284,698.	296,305	370,637.	4,204,399
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	104,619	109,660	117,404	113,793.	98,459	543,935
11	Total support. Add lines 7 through 10	L				, <u>-</u>	15,566,628
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is fi	or the organizati	on's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	organization, check this box and stop here tion C. Computation of Public Sup	nort Percenta			<u> </u>		· · · · • • • • • • • • • • • • • • • •
14	Public support percentage for 2009 (li			11 column (0)		44	69.50%
15	Public support percentage for 2008 (II						48.24%
	331/3% support test - 2009. If the o this box and stop here. The organization	rganization did	not check the I	box on line 13,	and line 14 is	331/3% or mor	e, check
b	331/3% support test - 2008. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 or more, and if the organization meets to organization	009. If the organets the "facts- the "facts-and-ci	nization did not and-circumstand ircumstances" te	check a box on ces" test, check est The organiz	line 13, 16a or this box and ation qualifies	16b, and line 1 I stop here. Ex as a publicly su	4 is 10% oplain in
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part IV how the organization supported organization	2008. If the organization meets on meets the "fa	anization did no the "facts-and acts-and-circum	ot check a box I-circumstances" istances" test 1	on line 13, 16; test, check th The organizatio	a, 16b, or 17a, his box and sto n qualifies as a	p here.
18	Private foundation. If the organization	n did not check	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009			22	2-7287311		ſ
Pai	t III Support Schedule for Orga					· · · · · · · · · · · · · · · · · · ·	
<u> </u>	(Complete only if you checke tion A. Public Support	ed the box on	line 9 of Part	.)			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(6) Tot
1	Gifts, grants, contributions, and	(4) 2000	(5)2000	(6) 2007	(4,2000	(0)2000	(f) Tot
•	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		<u> </u>		 	<u> </u>	
	-furnished by a-governmental-unit-to-the-		<u> </u>		<u> </u>		
	organization without charge						
6	Total. Add lines 1 through 5						
	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						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tot
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources		ļ		ļ		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ				
C	Add lines 10a and 10b		ļ				
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on				ļ		_
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) [<u> </u>	<u> </u>	L	<u> </u>	
14	First five years. If the Form 990 is for	_			_		
	organization, check this box and stop here.			<u> </u>	<u></u>		<u></u> ▶
	tion C. Computation of Public Sup					T . T	
15	Public support percentage for 2009 (line 8,					15	
16	Public support percentage from 2008 Sche				· · · · · · · · · · · · · · · · · · ·	16	<u>-</u> .
0	tion D. Computation of Investmer					T .= 1	
		ne 10c, column					
17	Investment income percentage for 2009 (lin					18	
17 18	Investment income percentage from 2008	Schedule A, Par					
17 18	Investment income percentage from 2008 S 33 1/3% support tests - 2009. If the or	Schedule A, Pari ganization did	not check the bo	ox on line 14, an	nd line 15 is mo	re than 331/3%,	
17 18 19a	Investment income percentage from 2008	Schedule A, Part ganization did his box and st e	not check the bo op here. The org	ox on line 14, an ganization qualifie	nd line 15 is mo es as a publicly	re than 331/3%, a supported organi	zation 🕨

	al Information. Com a or 17b; or Part III,					
•					ATTACHMENT 1	
SCHEDULE A, PART II - OTHE	ER INCOME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INVESTMENT INCOME	104,619.	109,660.	117,404.	113,793.	98,459	543,935.
TOTALS	104,619.	109,660	117,404	113,793.	98,459.	543,935.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE	DOUGLASS FUND		22-7287311
Part	Organizations Maintaining Donor Advised Funds or Other Sir	milar Funds or A	ccounts. 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		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in writing that the a	assets held in dono	or advised
	funds are the organization's property, subject to the organization's exclusive		
	Did the organization inform all grantees, donors, and donor advisors in writin	-	
	used only for charitable purposes and not for the benefit of the donor or don	or advisor, or for a	ny other
	purpose conferring impermissible private benefit?		
Part			m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that	t apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of a	an historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualified conservation	n contribution in th	e form of a conservation
	easement on the last day of the tax year.	Face	Part Hald a Ale Fred of the Ware
		 -	Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		1
	Number of conservation easements on a certified historic structure included i		
	Number of conservation easements included in (c) acquired after 8/17/06.		
	Number of conservation easements modified, transferred, released, extingui	isned, or terminate	ed by the organization during
	the tax year >	- L	
	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring		Upp of
	violations, and enforcement of the conservation easements it holds?		· [:]
	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing or		
•	b	onservation easen	rients during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing consei	rvation easements	during the year
	>s	ration addoment	during the year
	Does each conservation easement reported on line 2(d) above satisfy the rec	guirements of section	on
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	•	
	In Part XIV, describe how the organization reports conservation easements i		
	balance sheet, and include, if applicable, the text of the footnote to the organ		•
	the organization's accounting for conservation easements		
Part			Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Par	t IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, not to report in	n its revenue stat	ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, ec provide, in Part XIV, the text of the footnote to its financial statements that de	ducation, or resear	rch in furtherance of public service.
	If the organization elected, as permitted under SFAS 116, to report in its		
	historical treasures, or other similar assets held for public exhibition, edu		
	provide the following amounts relating to these items	,	·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or	other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these		•
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$
For P	rivacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ing Collections	of Art, Historica	l Treasure	s, or Ot	her Similar	Assets (continued)	
_							_		
3	Using the organization's acquisition		other records, ch	eck any of the	he follow	ing that are a	significai	nt use of its	
	collection items (check all that app	ly)							
а	Public exhibition		d	Loan or ex	change	programs			
b	Scholarly research		е	Other					
C	Preservation for future ge								
4	Provide a description of the organic Part XIV	zation's collections	and explain how	they further	r the org	anization's ex	empt pur	pose in	
_							1		
5	During the year, did the organization						_	— r	
	assets to be sold to raise funds rat							Yes	No
Par	Escrow and Custodial A IV, line 9, or reported an	rrangements. C	omplete if the c	rganizatior	ı answe	rea "Yes" to	Form 98	30, Part	
	14, line 5, or reported an	Tamount on Fon	11 330, 1 alt X, 11	116 2 1.					
10	ls the organization an agent trusto	a custodian or oth	or intermediany f	or contribut	000 05 0	that assats n	.		
14	Is the organization an agent, truste								 1
_	included on Form 990, Part X? If "Yes," explain the arrangement in						[Yes	No
D	ii res, explain the arrangement in	Part AIV and com	ipiete the followin	g table					
	Paringua balanca						\mount-		
	Beginning balance								
a	Additions during the year								
9	Distributions during the year								
	Ending balance							—	
	Did the organization include an am), Part X, line 217	• • • • • •			[Yes	No
	If "Yes," explain the arrangement in								
Par	tV Endowment Funds. Con								
4 -	Barrage of control of control	(a) Current Year	(b) Pnor year	(c) Two ye	ears back	(d) Three ye	ars back	(e) Four year	rs back
	Beginning of year balance	17,091,209.	20,147,094.					<u> </u>	
	Contributions	1,678,098.	3,933,113.						
C	Net investment earnings, gains,								
	and losses	1,060,206.	-6,115,032.						
	Grants or scholarships	697,203.	641,003.		_				
е	Other expenditures for facilities .								
_	and programs	0.	0.						
	Administrative expenses	283,660.	232,963.					<u> </u>	
g	End of year balance	18,848,650.	17,091,209.	<u> </u>				<u> </u>	
2	Provide the estimated percentage	•							
	Board designated or quasi-endown		00 %						
b	Permanent endowment ► 79.0								
	Term endowment ▶ 0.0000	• * *							
3 a	Are there endowment funds not in	the possession of	the organization	that are hel	d and ad	dministered for	the		
	organization by							Yes	s No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
þ	If "Yes" to 3a(ii), are the related org	janizations listed a	s required on Sch	edule R? .				3 b	X
4	Describe in Part XIV the intended u	ises of the organiz	ation's endowme	nt funds					
Par	rt VI Investments - Land, Buil	dings, and Equi	pment. See For	m 990, Pa	rt X, line	e 10.			
	Description of investment		or other basis (restment)	b) Cost or othe basis (other)) Accumulated depreciation	(d) Book value	
1 a	Land								
b	Buildings					-			
C	Leasehold improvements								
d	Equipment		<u> </u>						
е	Other								
	II. Add lines 1a through 1e (Column		rm 990, Part X. co	olumn (B). Iır	ne 10(c))				
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 //	1-77				

Part VII Investments - Other Securities. See F	orm 990, Part X, line	e 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 POOLED INVESTMENT FUNDS	18,754,872.	FMV	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	18,754,872.		
Part VIII Investments - Program Related. See F	1	e 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, I	ine 15.		
	Description	(b) Book value	
DUE FROM ASSOCIATE ALUMNAE		771,	132
BENEFICIAL INTEREST IN SPLIT-		4 600	100
INTEREST AGREEMENTS		4,680,	122
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		5,451,	254
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Amount		
Federal income taxes	(3) /		
Todard monto caso			
	I		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

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

Schedule D (Form 990) 2009

OTHER REVENUE BOOK NOT ON RETURN

PART XII LINE 2D

UNREALIZED GAIN ON SPLIT-INTEREST AGREEMENT \$344,196.

RECONCILIATION OF CHANGE IN NET ASSETS

PART XI LINE 8

UNREALIZED GAIN ON SPLIT-INTEREST AGREEMENT \$344,196.

OTHER REVENUE ON BOOK NOT ON RETURN

PART XII LINE 2A

UNREALIZED GAIN ON INVESTMENT \$613,074

RECONCILIATION OF CHANGE IN NET ASSETS

PART XI LINE 4

UNREALIZED GAIN ON INVESTMENTS \$613,074.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

(22)		Governmen	ents, and	its, and Individuals in the United States	in the United	d States		SMMS
Department of the Treasury Internal Revenue Service	•	Complete if the or		ganization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Form 990, Part IV, 0.	line 21 or 22.		Open to Public Inspection
of the organization	4						Employer Identification number	don number
THE DOUGLASS FU	General Information on Grants and Assistance	and Assistar	e Si				72-728/311	1
1 Does the organiza	Does the organization maintain records to substantiate the	o substantiate	the amount of	the grants or assista	ance, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
	the selection criteria used to award the grants or assistance?	rants or assista	nce?		:			× Yes
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for m	onitoring the u	se of grant funds in th	ne United States			
Part Grants and Form 990, Form 990	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	to Governme any recipient	nts and Orga that received	nizations in the Ur d more than \$5,00	nited States. Com	and Organizations In the United States. Complete if the organization answered "Yes" to it received more than \$5,000. Check this box if no one recipient received more than \$5,00.	ation answered "Y eceived more tha	es" to n \$5,000. Use
(a) Name and address of organization or government	SCREGUIE I-1 (FOITI) ress of organization mment	(b) EIN	(c) IRC section (d) Amount applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	VERSITY OF NEW JERSEY	22-6001086	501(0)(3)	704.388	0	- LONE	anon	STUDENT FINANCIAL SU
PLEN					1	-		SUPPORT FOR DOUGLASS
TOOL CONNECTION AVE.	CONNECTICOL AVE. NW WASHINGTON DC 20030	7103631-70	201 (0) (3)			NONE	NONE	STUDENTS
	* * * * * * * * * * * * * * * * * * * *							
						-		
						-		
2 Enter total number of section 501(c)(3) and government org	Enter total number of section 501(c)(3) and government organizations	ind governmen	t organizations				•	
3 Enter total number For Privacy Act and Pa	r of other organizations	Act Notice and	the Instruction	Instructions for Form 990			★ · · · · · · · · · · · · · · · · · · ·	Schodulo I (Earm 880) 2000
יי אווא יאר לאשאוו ו וסן	aperation increases	101 HOUSE, 644	מום ווסני ארני				2	Idule i (romi sau) zuva

V 09-8.2

Schedule I (Form 990) 2009			22-7287311	-		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuais in ti 990) if additio	he United States nal space is nee	. Complete if the ded	e organization answered	n the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Itional 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	
FINANCIAL SUPPORT FOR DOUGLASS STUDENTS.	25	16,570.	0	NONE	NONE	
				-		
				-		
				-		
Part IV Supplemental Information. Complete this par	11	provide the info	to provide the information required in Part I, line	12	and any other additional information.	
GENERAL INFORMATION ON GRANTS AND	ASSISTANCE	the state of the s				
PART I LINE 2) ! !
SCHOLARSHIPS, FELLOWSHIPS, PRIZES	AND OPPOR	OPPORTUNITY FUNDS	ARE ADMINISTERED	TERED		
BY THE ASSISTANT DEAN FOR RESEARCH,	1, SCHOLARSHIPS	AND	ASSESSMENT AT	- -		
DOUGLASS COLLEGE. THE DOUGLASS FUND,	JND, THROUG	THROUGH THE ASSOC	ASSOCIATE ALUMNAE	OF		
DOUGLASS COLLEGE NOTIFIES THE ASSI	ASSISTANT DEAN OF	THE	AMOUNTS AVAILABLE	ILE AND		
ANY DONOR RESTRICTIONS OR CONDITIONS.	į.	PROCEDURES ARE I	IN PLACE FOR	HE		
SELECTION PROCESS FOR EACH CATEGORY OF GRANTS OR AWARDS,	Y OF GRANT	TS OR AWARDS	L.WHICH ARE			1
DETERMINED IN PART BY THE QUALIFICATIONS	i	OF THOSE RECEL	RECEIVING THE GRANTS	NTS_OR		
AWARDS BASED ON DONOR INSTRUCTIONS	AND/OR	E_COLLEGE_S	THE COLLEGE SELECTION COMMITTEE	MITTEE		-
					Schedule I (Form 990) 2009	90) 2009

Schedule I (Form 990) 2009	990) 2009			22-7287311			Page 2
Part III Gr Us	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ndividuals in th 990) if additior	ie United States	s. Complete if the ded.	e organization answered	In the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ditional 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 Su	Supplemental Information. Complete this pa	ete this part to	provide the info	rt to provide the information required in Part I,	line 2, and	any other additional information.	
RECOMMENDATIONS	EACH OF THE	FOLLOWING CATE	CATEGORIES HAS	A SELECTION			
PROCESS IN PLACE:	SCHOLARSHIPS	BASED ON MER	MERIT AND NEED,	, MERIT			!
SCHOLARSHIPS	BASED ON MERIT AND	NEED, MERIT	MERIT SCHOLARSHIPS,	S, SCHOLARSHIPS	IIPS		
FOR STUDY	STUDY ABROAD, FELLOWSHIPS FOR	FOR GRADUATE S	STUDY, AND S	SPECIAL OPPOR	OPPORTUNITY		
FUNDS.							
						Schedule I (Form 990) 2009	990) 2009

PAGE 27

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990

► Attach to Form 990.

Inspection

Employer Identification number

22-7287311 ATTACHMENT 2

Name of the organization

THE DOUGLASS FUND

GOVERNING BODY AND MANAGEMENT

PART VI SECTION B LINE 11

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.

DISCLOSURE

PART VI SECTION C LINE 19

THE DOUGLASS FUND 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.

FORM 990, PART VIII - INVESTMENT IN	COME		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
POOLED INVESTMENT FUND	370,637.			370,637.
TOTALS	370,637.			370,637

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

THE DOUGLASS FUND

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

Related Organizations and Unrelated Partnerships

2009	Create Bublic

OMB No 1545-0047 ..

Inspection

Employer identification number 22-7287311

(f)
Direct controlling
entity (f) Direct controlling N/A 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.) (e)
Public chanty status
(if section 501(c)(3)) (e) End-of-year assets വ (d) Exempt Code section (d) Total income 501(C)(3) **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state, or foreign country) ΝJ (b) Primary activity (b) Primary activity TRUSTEE OF DOUGLASS COLLEGE 22-1607270 NEW BRUNSWICK, NJ 08901 (a) Name, address, and EIN of related organization (a)Name, address, and ElN of disregarded entity ASSOCIATE ALUMNAE 181 RYDERS LANE Partl Part II

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

Schedule R (Form 990) 2009

PAGE 29

Page 2. ·

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 (I) General or Yes No managing partner? Percentage ownership (I)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) 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.) (g) Share of end-of-year assets dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part (h) Dispropertensis sibostons? Yes No (f) Share of total income (g) Share of end-of-year assets V, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from sext under sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
Direct controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV

e 34, 35, or 36.)
35, (
e 34
, E
Part
990, Part IV
Ε
_ _ _ _
l "Yes" on For
answered
rganization
the o
ete if
jdwo:
) SI
anizatio
Org
ated
h Re
×
tions
nsac
Trai
>
art

Z	Note . Complete line 1 if any entity is listed in Parts II. III or IV of this schedule		•	Yes No	9
_	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?	ن	192	20 May 12) <u>-</u>
æ			-		×
Δ.	Gift, grant, or capital contribution to other organization(s)		1 p	П	×
S			1c		×
7			14		×
9 4			10		×
•		•	- A		×
-	To sale or assets to other organization(s)		<u>.</u>		: >
5			-	\dagger	< >
£	h Exchange of assets		=	1	< :
-	I Lease of facilities, equipment, or other assets to other organization(s)		=		×
	I lease of facilities equinment or other assets from other organization(s)		=		×
	Lease of activities, equipment, of other assets from other organization(s)		*	-	\times
_	Performance of services or membership or fundraising solicitations by other organization(s).		=		×
. E	m Sharing of facilities, equipment, mailing lists, or other assets.		£		×
•			1		×
•			100	3,23	in the state of
0	• Reimbursement paid to other organization for expenses		٠ -	1	× :
٩	p Reimbursement paid by other organization for expenses		٠ ا		×
5	Other transfer of cash or property to other organization(s)		, p	-हम 	- ×
-			11		×
7	is for information on who must complete this line, including covered rela	s and transaction th	resholds		
			(2)	١,	
	Name of other organization (type (a-r)		unt involve	g	
Ξ				ļ	- 1
2					
9					1
4					
9					
9					
		Schedul	e R (Form	990) 200	8

22-7287311

Page 4

Schedule R (Form 990) 2009

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

			::-	1			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Are all partner		(f) Disproportionate	(9) Code V-UBI	(a) General or
			section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
			-				-
							_
			-			Schedule R (Form 990) 2009	890) 2008

PAGE 32

V 09-8.2

The Associate Alumnae of Douglass College FEIN: 22-1607270

Item #: 7F and G

AADC & DF state registrations 10 xls

Ballan and St.	F	A .	Dates of	Barrier of the second	.
Registered State	Exempt	Agency	Registration	Registration Number	Types of Solicitation
California	N	Attorney General's Registry of Charitable Trusts, PO Box 903447, Sacramento, CA 94203- 4470	7/1/09-6/30/10	CT-116135	mail, telephone, internet
Connecticut	Y	Public Charities Unit, c/o Office of Attorney General, 55 Elm Street, PO Box 120, Hartford, CT 06141-0120	7/1/09-6/30/10	Exemption # 11375- X6119	mail, telephone, internet
Kentucky	N	Office of Attorney General, Consumer Protection Division, 1024 Capital Center Drive, Suite 200, Frankfort, KY 40601	1/1/10-12/31/10	# 3565	mail, telephone, internet
		State of Maine Office of Licensing and Registration, Charitable Solicitation Registration, 35 State House Station, Augusta, ME 04333-			mail, telephone,
Maine	N	0035	12/1/09-11/30/10	CO3704	ınternet
Maryland	N	Secretary of State, Charitable Organizations Division, State House, Annapolis, MD 21401	1/1/10-12/31/10	13793	mail, telephone, internet
Massachussetts	N	Division of Public Charities, Office of the Attorney General, One Ashburton Place, Room 1413, Boston, MA 02108	7/1/09-6/30/10	041381	mail, telephone, internet
Michigan	N	Department of Attorney General, Charitable Trust Section, Williams Bldg, 525 W Ottawa, 6th FI, Lansing, MI 48933-1067	1/30/10-1/31/11	MICS 26484	mail, telephone, internet
New Hampshire	N	Department of Justice, Charitable Trust Division, 33 Capitol Street, Concord, NH 03301-6397	7/1/09-6/30/10	12621	mail, telephone, internet
New Jersey	N	NJ Division of Consumer Affairs, Charities Registration Section, PO Box 45021, Newark, NJ 07101	7/1/09-6/30/10	CH0910100	mail, telephone, internet, in-person
New York	N	New York State Department of Law, Office of the Attorney General, Charities Bureau - Registration Section, 120 Broadway, New York, NY 10271	7/1/09-6/30/10	17-38-99	mail, telephone, internet, in-person
Ohio	N	Office of Attorney General, Chantable Law Section, 150 East Gay Street, 23rd Floor, Columbus, OH 43215-3130	7/1/09-6/30/10	01-3298	mail, telephone,

The Associate Alumnae of Douglass College FEIN: 22-1607270 Item #: 7F and G

AADC & DF state registrations 10 xls

•			Dates of		
Registered State	Exempt	Agency	Registration	Registration Number	Types of Solicitation
Pennsylvania	N	Commonwealth of Pennsylvania, Department of State, Bureau of Charitable Organizations, 207 North Office Building, Harrisburg, PA 17120	11/11/09-11/12/10	27798	mail, telephone, internet, in-person
Virginia	N	Virginia Department of Agriculture & Consumer Services, PO Box 526, Richmond, VA 23218-0526	7/1/09-6/30/10	N/A	mail, telephone, internet
Washington	_ N	State of Washington Secretary of State, Charities Program, PO Box - 40234, 801 Capital Way-South, Olympia. WA 98504-0234			mail, internet,

The Douglass Fund 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 DOUGLASS FUND 22-7287311 Form 990 FYE 8/30/10

NOT OPEN TO PUBLIC INSPECTION

<u>Date</u> Description	4/30/2010	04/14/2010	9/11/2009	6/15/2010	10/30/2009	6/30/2010 4/29/2010	4/5/2010 12/7/2009	10/1/2009	12/31/2009	2/18/2010 2/18/2010 Unconditional Promise to Give	4/29/2010 4/30/2010
Amount	\$5,000 00	\$5,000 00	00 000 \$\$	\$25,000 00	\$4,500 00	\$4,500 00 \$2,250 00	\$62,000 00 \$20,000 00	\$5,000 00	\$50,000 00	\$1,000 00 \$4,000 00	\$45,722 37 \$7,575 00
Name & Address	Accenture 161 North Clark Street Chicago, IL 60601	Anonymous Donor	Estate of Elizabeth Low Bessmer Earl and Elizabeth Bessmer Trust FBO Elizabeth L Bessmer 837 St Francis Blvd Daly Ctty, CA 94015-4374	Estate of Martha Darling Brenneshoftz 1212 Foulk Road 5A Wilmington, DE 19803	Estate of Juddth Catlin do Rutgers University Foundation Winants Hall 7 College Avenue New Brunswick, NJ 08901	Consolidated Edison 4 Irving Place New York, NY 10003	Estate of Eloise N Courter c/o Thomas E Webb Attorney at Law 252 Fillmore Ave Tonawanda, NY 14150	Denise Downey 96 Greenway Rd Glen Rock, NJ 07452-1613	Estate of Davina Embler Donald Embler, Executor P O Box 508 21 Force Place Mount Tabor, NJ 07878	Abby Ershow 6008 Jamina Downs Columbia, MD 21045	ExxonMobil P O Box 2519 Houston, TX 77252-2519

THE DOUGLASS FUND 22-7287311 Form 890 FYE 6/30/10

NOT OPEN TO PUBLIC INSPECTION

Name & Address Amount Date Description Estate of Marges of Strater \$18,965 81 11,000/2009 Workants Hall 1000 00 12/15/2009 Workants Hall \$10,000 00 12/15/2009 Bridge Advenue \$10,000 00 12/15/2009 Bridge Advenue \$10,000 00 12/15/2009 Advante And \$8,87.25 68/2010 Part of a grid of 868 shares of Oracide Matural Andre Herman Advante Andre Advanted Andre				of Oracle ive					9Ai	ive	9Ai	ē, ivē	ive
\$18,965 81 111 \$18,965 81 111 \$18,965 81 111 \$10,000 00 12 \$210,000 00 12 \$25,000 00 00 12 \$3,100 00 00 12 \$4,600 00 00 12 \$3,000 00 00 13 \$4,600 00 00 13 \$5,000 00 00 13 \$5,000 00 00 13 \$5,000 00 00 12 \$5,000 00 00 12 \$5,000 00 00 12 \$5,000 00 00 12 \$5,000 00 00 12 \$5,000 00 12 \$5,000 00 12	Date Description	72009	72009	/2010 Part of a grit of 886 shares /2010 Uncondttonal Promise to G	72010	72010	2010 72010	72009 72009 72010 72010	/2010 /2010 Uncondtional Promise to G	2010 (2010 Unconditional Promise to G	/2010 Uncondtional Promise to G	/2010 /2010 Unconditional Promise to G	/2009 /2009 Unconditional Promise to G
largery S Foster s University Foundation all week, NJ 08901 y Hampton wee NY 10021 y Hampton wee NY 10021 an wee NY 10021 largery S Foster Jan wee NY 10021 largery S Foster Jan wee NY 10021 largery S Foundation an Orcte Johnson Jo	Amount			vo.									
	dress	argery S Foster s University Foundation all Venue wick, NJ 08901	y Hampton ve J	an .ve NY 10021	: Elizabeth Horner 1ge & Steuer, P C 1t Law Street on, MA 01060	d Linda Hossenlopp h Hawk Court la Beach, FL 32082	obsen ion Place Plans, NJ 07444	Johnson 317 NJ 08543-8317	tuarless Kingsberry nno Circle . DE 19707	: Valene Klaus s University Foundation all Venue wick, NJ 08901	mmedieu d Lane lation, NJ 07960	Vecchia Jrive mship, NJ 07960	inberg .ve NJ 07208

THE DOUGLASS FUND 22-7287311 Form 890 FYE 8/30/10

NOT OPEN TO PUBLIC INSPECTION

Name & Address	Amount	Date Description	
Estate of Mana Marucci c/o Rutgers University Foundation Winants Hall 7 College Avenue New Brunswick, NJ 08901	\$7,277 04 \$4,500 00	1/29/2010 12/31/2009	
Merck P O Box 7219 Partnership for Giving Princeton, NJ 08543	\$1,850.00 \$1,925.00 \$3,075.00	09/14/2009 03/12/2010 06/09/2010	
Estate of Kate McKnight c/o Borei Private Bank and Trust Company 160 Bovet Road San Mateo, CA 94402	\$224,161 53	06/30/2010 Unconditional Promise to Give	
Judith Musicant 1404 Outlook Drive Mountainside, NJ 07092	\$5,208 69	11/12/2009 29 shares of Goldman Sachs	-
Charlotte W Newcombe Foundation 35 Park Place Princeton, NJ 08543-6918	\$5,000 00	6/15/2010	
Estate of Carol Pharis c/o Rutgers University Foundation Winants Hall 7 College Avenue New Brunswick, NJ 08901	\$23,750 00	06/30/2010 Unconditional Promise to Give	
Rennaissance Charitable Foundation 6100 West 96th Street, Suite 105 Indianapolis, IN 46278	\$5,000 00	11/24/2009	
Arthur Rubinstein 289 Scholes Street Brookiyn, NY 11206	\$5,000 00	6/4/2010	_
Tacy C Telego 4 Sangamore Ct Bethesda, MD 20816	\$5,000 00	4/29/2010	
Estate of Helen Tischauser do Associate Alumnae of Douglass Colege 181 Ryders Lane New Brunswick, NJ 08901	\$9,822 22	11/24/2009 194 shares of PNC	
Raiph W Voorhees 20 Livingston Ave New Brunswick, NJ 08901	\$11,000 00	4/30/2010	

THE DOUGLASS FUND 22-7287311 Form 990 FYE 8/30/10

Name & Address

Vulcan Materials 1200 Urban Center Dr Birmingham, AL 35242

TOTAL

NOT OPEN TO PUBLIC INSPECTION

Date Description Amount

12/31/2009 6/30/2010 \$2,000 00 \$6,000 00

\$1,264,592 66