

**Return of Organization Exempt From Income Tax**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

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

C Name of organization  
**THE DOE FUND, INC.**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**232 EAST 84 ST.**  
 City or town state or country, and ZIP + 4  
**NEW YORK, NY 10028**

D Employer identification number  
**13-3412540**

E Telephone number  
**212-628-5207**

F Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site **WWW.DOE.ORG**

J Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

K Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **19,948,049.**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates \_\_\_\_\_

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN \_\_\_\_\_

M Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	1,075,317.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	11,096.	
d	Total (add lines 1a through 1c) (cash \$ <u>1,086,413.</u> noncash \$ _____)	1d	1,086,413.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	16,028,935.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	1,693,147.	
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7		
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	965,584.	
b	Less direct expenses other than fundraising expenses	9b	303,963.	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	661,621.	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	173,970.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	19,644,086.	
13	Program services (from line 44, column (B))	13	19,963,526.	
14	Management and general (from line 44, column (C))	14	1,726,047.	
15	Fundraising (from line 44, column (D))	15	1,132,818.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	22,822,391.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-3,178,305.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	860,542.	
20	Other changes in net assets or fund balances (attach explanation)	20	-1,022,679.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-3,340,442.	

POSTMARK DATE MAY 15 2003

SCANNED JUN 10 11 03

RECEIVED  
JUN 10 2003  
TODD  
OGDEN, UT

D

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs Check [ ] if you are following SOP 98-2
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

Table with 2 columns: Description of program service, Program Service Expenses. Rows include: a TO PROVIDE TRAINING AND WORK IN CONSTRUCTION AND SANITATION TO THE INDIGENT AND HOMELESS (956,253), b PROVIDE LOW COST HOUSING AND FOOD TO THE HOMELESS AND INDIGENT (19,007,273), c, d, e Other program services, f Total of Program Service Expenses (19,963,526)

**Part IV Balance Sheets**

**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	440,296.	45	409,040.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 660,704.		
	b Less allowance for doubtful accounts	47b	47c	660,704.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers directors trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,148,054.	53	1,298,429.
	54 Investments - securities <b>STMT 4</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	46,031.	54	21,023.
	55 a Investments - land buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 91,905,549.			
b Less accumulated depreciation	57b 5,766,292.	86,841,313.	57c	86,139,257.
58 Other assets (describe <input type="checkbox"/> )		23,831,640.	58	23,036,275.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		112,799,460.	59	111,564,728.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	4,043,655.	60	7,064,925.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	98,502,100.	64b	98,212,320.
	65 Other liabilities (describe <input type="checkbox"/> <b>SEE STATEMENT 5</b> )		9,393,163.	65
66 <b>Total liabilities</b> (add lines 60 through 65)		111,938,918.	66	114,905,170.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	860,542.	67	-3,340,442.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		860,542.	73
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		112,799,460.	74	111,564,728.

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.



Part VI Other Information

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization SEE ATTACHED STATEMENT 8 and check whether it is [X] exempt OR [ ] nonexempt
81a Enter direct or indirect political expenditures See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85a Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85b If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.
89b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Enter Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed NEW YORK
90b Number of employees employed in the pay period that includes March 12 2001 33

91 The books are in care of JOHN MCDONALD Telephone no 212-570-0044
Located at 341 EAST 79ST, NEW YORK, NY ZIP + 4 10021

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a RENTAL INCOME					15,233,162.
b FEES					795,773.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,693,147.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					661,621.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUE					34,685.
b IN-KIND					139,285.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,693,147.	16,864,526.
105 Total (add line 104, columns (B), (D), and (E))					18,557,673.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	LOW COST HOUSING FOR THE HOMELESS AND INDIGENT
93B	PROVISION FOR ADMINISTRATION SERVICES TO CLIENTS
103A	COUNSELLING AND TRAINING OF PARTICIPANTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (a), file Form 8870 and Form 4720 (see instructions)

completing schedules and statements, and to the best of my knowledge and belief it is true information of which preparer has any knowledge.

1/15/03  George McDonald - President  
Type or print name and title



**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <math>\blacktriangleright</math> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<p>Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.</p>		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  $\blacktriangleright$  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vii). (Also complete the Support Schedule in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,585,024.	1,323,525.	727,733.	1,245,824.	4,882,106.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,448,172.	1,704,203.	654,770.		3,807,145.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,540,702.	8,997,294.	80,647.	19,386.	20,638,029.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			SEE STATEMENT 7 34,893.	1,000.	35,893.
23 Total of lines 15 through 22	14,573,898.	12,025,022.	1,498,043.	1,266,210.	29,363,173.
24 Line 23 minus line 17	13,125,726.	10,320,819.	843,273.	1,266,210.	25,556,028.
25 Enter 1% of line 23	145,739.	120,250.	14,980.	12,662.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 511,121.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 25,556,028.
d Add: Amounts from column (e) for lines 18, 19, 20, 21, 22	20,638,029.				26d 20,673,922.
e Public support (line 26c minus line 26d total)					26e 4,882,106.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 19.1035%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15, 16, 17, 18, 19, 20, 21					27e N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No" attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 Over \$500,000 but not over \$1 000 000 \$100 000 plus 15% of the excess over \$500,000 Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500 000 Over \$17 000 000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means
- i Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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**FORM 990** **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **1**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SALES - RAFFLE	114,280.		114,280.		114,280.
JOURNAL SALES	10,000.		10,000.		10,000.
BENEFIT DINNER	666,182.		666,182.	303,963.	362,219.
OTHER DONATIONS	175,122.		175,122.		175,122.
<b>TOTAL TO FM 990, PART I, LINE 9</b>	<b>965,584.</b>		<b>965,584.</b>	<b>303,963.</b>	<b>661,621.</b>

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**FORM 990** **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **2**


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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT DISTRIBUTIONS	-990,181.
	-32,498.
<b>TOTAL TO FORM 990, PART I, LINE 20</b>	<b>-1,022,679.</b>

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**FORM 990** **OTHER EXPENSES** **STATEMENT** **3**


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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
LEGAL, PROFESSIONAL & MANAGEMENT FEES	1,605,357.	1,605,357.		
FINANCING	8,043,566.	8,043,566.		
INSURANCE AND TAXES	2,225,797.	2,225,797.		
BAD DEBT	467,422.	467,422.		
OFFICE EXPENSES	701,617.		172,889.	528,728.
CLIENT SERVICES	3,370.		3,370.	
VEHICLES AND TRANSPORTATION	19,856.		19,856.	
AID TO CLIENTS	156,544.		154,219.	2,325.
PROFESSIONAL AND MANAGEMENT FEES	132,528.		111,448.	21,080.
MISCELLANEOUS EXPENSE	11,600.		11,600.	
FINANCING EXPENSE	74,839.		71,757.	3,082.
IN-KIND	139,285.		116,435.	22,850.
<b>TOTAL TO FM 990, LN 43</b>	<b>13,581,781.</b>	<b>12,342,142.</b>	<b>661,574.</b>	<b>578,065.</b>

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**FORM 990** **NON-GOVERNMENT SECURITIES** **STATEMENT** **4**


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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
STARTING HOME INC.	21,023.				21,023.
TO 990, LN 54 COL B	21,023.				21,023.

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**FORM 990** **OTHER LIABILITIES** **STATEMENT** **5**


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DESCRIPTION	AMOUNT
DUE TO AFFILIATE	1,090,233.
RENT PAID IN ADVANCE	51,796.
TENANT SECURITY DEPOSITS	686,405.
ACQUI. CONSTR. COST PAYABLE	2,739,809.
CURRENT MATURITIES	1,522,956.
OTHER LOANS PAYABLE	820,000.
OWNER REPRESENTATIVE FEES	706,308.
OTHER	2,010,418.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	9,627,925.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TIMOTHY P. ANDREE 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
JEFF T. BLAU 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
DICK BURGHEIM 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
MIKE GANTCHER 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
P. BENJAMIN GROSSCUP 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
LESLIE HAWKE 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
CRAIG LUCAS 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
GEORGE T. MCDONALD 232 EAST 84TH STREET NEW YORK, NY 10028	PRESIDENT 28	126,700.	0.	0.
PETER RESNICK 232 EAST 84TH STREET NEW YORK, NY 10022-1379	MEMBER .5	0.	0.	0.
LARRY RHODES 232 EAST 84TH STREET NEW YORK, NY 10039	MEMBER .5	0.	0.	0.
CAROL TANNENHAUSER 232 EAST 84TH STREET NEW YORK, NY 10039	MEMBER .5	0.	0.	0.

JOHN MCDONALD 232 EAST 84TH STREET NEW YORK, NY 10028	CFO 28	72,800.	0.	0.
JON HARRIS 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER .5	0.	0.	0.
HARRIET KARR-MCDONALD 232 EAST 84TH STREET NEW YORK, NY 10028	EXECUTIVE DIRECTOR 25	90,625.	0.	0.
MICHAEL O'DONNELL 232 EAST 84TH STREET NEW YORK, NY 10028	EXECUTIVE VICE PRESIDENT 24	102,230.	0.	0.
LYDIA RANDOLPH 232 EAST 84TH STREET NEW YORK, NY 10028	DEP DIR OF DEVELOPMENT 28	43,050.	0.	0.
BERNARD KOFFI 232 EAST 84TH STREET NEW YORK, NY 10028	BUDGET DIRECTOR 28	46,900.	0.	0.
ANN MARIE FELL 232 EAST 84TH STREET NEW YORK, NY 10022-1379	DIRECTOR OF DEVELOPMENT 28	67,846.	0.	0.
ERICA PEREL 232 EAST 84TH STREET NEW YORK, NY 10022-1379	VICE PRESIDENT 28	86,558.	0.	0.
KARL KOENIG 232 EAST 84TH STREET NEW YORK, NY 10022-1379	DIRECTOR OF FINANCE 24	35,090.	0.	0.
ISABELL MCDEVITT 232 EAST 84TH STREET NEW YORK, NY 10022-1379	DIRECTOR OF COMMUNITY AFFA 10	11,308.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>683,107.</u>	<u>0.</u>	<u>0.</u>

## SCHEDULE A

## OTHER INCOME

STATEMENT 7

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
	0.	0.	34,893.	1,000.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	34,893.	1,000.

**The Doe Fund Inc.**  
**Form 990**  
**6/30/02**

<b>Form 990, Part VI, Section 80b - Related Organizations</b>	<b>Type of Organization</b>
Ready, Willing & Able U.S.A	Exempt
Back Office of New York, Inc.	Exempt
Ready, Willing & Able to Achieve Independence, Inc.	Exempt
Gates Avenue Housing Development Fund Corp	Exempt
A Better Place East 86th Street Corp.	Corporation
A Better Place LP	LP
A Better Place HDFC	Exempt
No. 1 Single Room Occupancy HDFC	Exempt
TDF 2000 Partners LP	LP
TDF 2000 Corp.	Corporation
Ready, Willing & Able, Inc	Exempt
Brooke Ridge, LLC	LLC
The Pines at Camelback, LLC	LLC
Willowick, LLC	LLC
St Michaels Apartments, LLC	LLC
The Pier Club Apartments, LLC	LLC
Pembroke Village Apartments, LLC	LLC
River Run Apartments, LLC	LLC
Greene-Quincy HDFC	Exempt
Porter Avenue HDFC	Exempt - Pending

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print	Name of Exempt Organization <b>THE DOE FUND, INC.</b>	Employer identification number <b>13-3412540</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>232 EAST 84 ST.</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>NEW YORK, NY 10028</b>	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990 T (sec 401(a) or 408(a) trust)
- Form 1041 A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990 T (trust other than above)
- Form 4720
- Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until MAY 15, 2003

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
AWAITING ADDITIONAL THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Handwritten Signature] Title CPA Date 2/12/03

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a **EXTENSION APPROVED** for the extensions otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

**EXTENSION APPROVED**  
FEB 23 2003  
LINDA WEISKOPF, FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name <b>BUCHBINDER TUNICK &amp; CO. LLP</b>
	Number and street (include suite, room, or apt no ) Or a P O box number <b>ONE PENN PLAZA- STE 5335</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW YORK, NY 10119</b>

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