

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

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

Please use IRS label or print or type. See Specific Instructions.	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 84th Street	
	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: ▶ WWWDOEORG

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

K Check here if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,242,365

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? Yes No
(If "No," attach a list See instructions)

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

I Group Exemption Number ▶ _____

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 (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	4,126,045	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	7,518	
	e	Total (add lines 1a through 1d) (cash \$ <u>3,969,078</u> noncash \$ <u>164,485</u>)	1e		4,133,563
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .	2		1,514,286
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		561,752
	5	Dividends and interest from securities	5		2,092
	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 sales of assets other than inventory	(A) Securities		(B) Other	
		3,320,454	8a		
		3,267,318	8b		
		53,136	8c		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		53,136	
9	Special events and activities (attach schedule) If any amount is from gaming , check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b) <input checked="" type="checkbox"/>	9a	455,287		
		9b	455,287		
		9c			
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		254,931	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		6,519,760	
Expenses	13	Program services (from line 44, column (B))	13	440,282	
	14	Management and general (from line 44, column (C))	14	6,618,749	
	15	Fundraising (from line 44, column (D))	15	1,774,169	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses Add lines 16 and 44, column (A)	17		8,833,200
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	-2,313,440	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	23,090,821	
	20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>	20	-4,085	
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	20,773,296	

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 (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	2,218,604	2,218,604	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	2,301,392	188,369	1,129,949
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28	271,110	24,127	121,420
29 Payroll taxes	29	300,390	19,739	177,916
30 Professional fundraising fees	30			102,735
31 Accounting fees	31	53,000		53,000
32 Legal fees	32	123,362		123,362
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36	589,218	28,849	517,342
37 Equipment rental and maintenance	37	195,062	6,348	154,522
38 Printing and publications	38			34,192
39 Travel	39	79,746	2,274	76,951
40 Conferences, conventions, and meetings	40			521
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	131,847		131,847
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	8,833,200	440,282	6,618,749

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 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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>job training and accomodation for the homeless and indigent</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<p>a The Doe Fund empowers people to break the cycles of homelessness, welfare dependency, substance abuse and incarceration through innovative paid work programs, housing, supportive services and business ventures. Incorporated in 1987, this award-winning and nationally recognized non-profit organization remains on the cutting edge of homeless services, workforce development, prisoner reentry, low-income and special needs housing. As the umbrella organization for multiple programs, initiatives and real estate developments, The Doe Fund comprehensively meets the needs of a diverse homeless population. In addition to its flagship paid work and job training program, Ready, Willing & Able, some of The Doe Fund's other notable achievements include the creation of the first newly constructed S R O in New York City in 50 years as well as the conceptualization, development, construction and subsequent management of The Peter Jay Sharp Center for Opportunity, a 400-bed state-of-the-art homeless facility that has redefined homeless services in New York City. With various revenue-generating micro-businesses, including a pest extermination company and a direct mail fulfillment house, The Doe Fund is on the forefront of social entrepreneurship, diversifying its funding sources while simultaneously providing industry-specific training opportunities for its programs' participants.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p style="text-align: right;">440,282</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p style="text-align: right;">440,282</p>

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	9,443,891	45	4,795,048
	46 Savings and temporary cash investments	11,442	46	178,603
	47a Accounts receivable	47a 1,295,736		
	b Less allowance for doubtful accounts	47b	943,069	47c 1,295,736
	48a Pledges receivable	48a 15,000		
	b Less allowance for doubtful accounts	48b	15,000	48c 15,000
	49 Grants receivable	528,102	49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	46,455	53	47,364
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	56,896	54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)	430	56		
57a Land, buildings, and equipment basis	57a 2,061,650			
b Less accumulated depreciation (attach schedule)	57b 237,333	282,505	57c 1,824,317	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		16,701,772	58 21,521,988	
59 Total assets (must equal line 74) Add lines 45 through 58		28,029,562	59 29,678,056	
Liabilities	60 Accounts payable and accrued expenses	388,016	60	915,432
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		4,550,725	65 7,989,328
66 Total liabilities Add lines 60 through 65		4,938,741	66 8,904,760	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	17,990,821	67	15,773,296
	68 Temporarily restricted	5,100,000	68	5,000,000
	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 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		23,090,821	73 20,773,296
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		28,029,562	74 29,678,056

Part VI Other Information (continued)

		Yes	No
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?		No
b	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)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		No
b	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?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
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 the prior year.			
c	Dues assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	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	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. 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	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="text" value="0"/>
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		<input type="text"/>
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e	No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f	No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	No
90a	List the states with which a copy of this return is filed <input type="text" value="NY,PA"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	80
91a	The books are in care of <input type="text" value="The Doe Fund Inc"/> Telephone no <input type="text" value="(646) 672-2990"/> <input type="text" value="345 EAST 102ND STREET 3RD FLOOR"/> Located at <input type="text" value="NEW YORK, NY"/> ZIP + 4 <input type="text" value="10029"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	No
If "Yes," enter the name of the foreign country <input type="text"/>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

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**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a management fees					1,514,286
b _____					
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	561,752	
96 Dividends and interest from securities			14	2,092	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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			18	53,136	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a other revenue					254,931
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				616,980	1,769,217
105 Total (add line 104, columns (B), (D), and (E))					2,386,197

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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	provision for administration services to clients
103a	counselling and training of participants

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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
See Additional Data Table	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(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 (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	_____ Signature of officer	2008-05-15 Date
	george t mcdonald president Type or print name and title	

Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 Buchbinder Tunick & Co LLP One Penn Plaza New York, NY 10119			EIN _____ Phone no (212) 695-5003

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

Department of the
Treasury
Internal Revenue
Service

Name of the organization
The Doe Fund Inc

Employer identification number

13-3412540

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
jodi glickman 232 EAST 84TH STREET NEW YORK, NY 10028	Dir of RE Finance 40 00	87,001	2,742	0
Elizabeth d Lion 232 EAST 84TH STREET NEW YORK, NY 10028	Pub Rel Coord 40 00	85,059	8,616	0
Beverly Blake 232 EAST 84TH STREET NEW YORK, NY 10028	Foundations Liason 40 00	83,644	5,776	0
Joanna west 232 EAST 84TH STREET NEW YORK, NY 10028	Dir Bus Develop 40 00	82,802	7,363	0
shannon smith 232 EAST 84TH STREET NEW YORK, NY 10028	Assoc Dir Bus Dev 40 00	79,565	6,629	0
Total number of other employees paid over \$50,000	12			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
velocity technology solutions 850 third ave 11th fl new york, NY 10022	consulting services	276,628
tom dolle design 89 fifth ave ste 301 new york, NY 10003	printing & design services	132,703
geoff johnson design inc 40 rector street ste 1920 new york, NY 10006	architectural services	102,668
penny berger esq 42-08 BELL BOULEVARD BAYSIDE, NY 11361	legal	83,250
RUSS REID 2 lake ave 600 pasadena, CA 91101	PUBLIC RELATIONS	68,653
Total number of others receiving over \$50,000 for professional services	1	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

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, include 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 ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 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>	1		No
<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 property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 📄</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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** ▶
- 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)(vi) (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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					▶

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	4,686,334	4,486,630	4,313,988	4,235,066	17,722,018
16 Membership fees received					0
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	17,828,186	9,774,554	17,646,636	13,365,755	58,615,131
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	157,673	176,497	240,063	1,955,985	2,530,218
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	22,672,193	14,437,681	22,200,687	19,556,806	78,867,367
24 Line 23 minus line 17	4,844,007	4,663,127	4,554,051	6,191,051	20,252,236
25 Enter 1% of line 23	226,722	144,377	222,007	195,568	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					405,045
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					0
c Total support for section 509(a)(1) test Enter line 24, column (e)					20,252,236
d Add Amounts from column (e) for lines					
18 2,530,218 19 0					
22 26 b 0					2,530,218
e Public support (line 26c minus line 26d total)					17,722,018
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					8750 65 %
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines					
15 16 _____					
17 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 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?	29	
30 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?	30	
31 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)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35 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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Additional Data

Software ID:
Software Version:
EIN: 13-3412540
Name: The Doe Fund Inc

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a equipment furniture and vehicles	43a	39,812	25,897	13,915	
b VEHICLES AND TRANSPORTATION	43b	42,884	21,454	21,430	
c aid TO CLIENTS	43c	64,217	43,671	20,546	
d finANCING EXPENSE	43d	30,737	597	30,140	
e OFFICE EXPENSES	43e	1,114,651	12,924	652,206	449,521
f CLIENT SERVICES	43f	7,862	3,662	4,200	
g insurance & taxes	43g	63,200		63,200	
h MISCELLANEOUS EXPENSE	43h	11,322	5,800	5,522	
i IN-KIND	43i	164,485		164,485	
j bad debts	43j	11,956	9,000	2,956	
k RECOUPMENT EXPENSE	43k	500,000		500,000	
l public relations	43l	129,552		129,552	
m consluting fees	43m	388,791	47,571	305,684	35,536

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
peter i resnick 232 EAST 84TH STREET new york, NY 10028	chairman 1 50	0	0	0
chRISTINA HORNER 232 east 84th street new york, NY 10028	member 1 50	0	0	0
veRONICA POLLARD 232 EAST 84TH STREET new york, NY 10028	member 1 50	0	0	0
patrick a bradford 232 EAST 84TH STREET new york, NY 10028	member 1 50	0	0	0
grEG D JAKUBOWSKY 232 EAST 84TH STREET new york, NY 10039	member 1 50	0	0	0
ceCILY M CARSON 232 east 84th street new york, NY 10028	member 1 50	0	0	0
derEK E KAUFMAN 232 east 84th street new york, NY 10028	member 1 50	0	0	0
mary jane salk 232 EAST 84TH STREET NEW YORK, NY 10028	member 1 50	0	0	0
MIchael GANTCHER 232 EAST 84TH STREET NEW YORK, NY 10028	MEMBER 1 50	0	0	0
craig m lucas 232 EAST 84TH STREET NEW YORK, NY 10028	Member 1 50	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
richard m schaps 232 EAST 84TH STREET NEW YORK, NY 10028	Member 1 50	0	0	0
doNALD W YOUNG 232 EAST 84TH STREET NEW YORK, NY 10028	Member 1 50	0	0	0
george t mcdonald 232 EAST 84TH STREET NEW YORK, NY 10028	president 40 00	403,733	14,292	0
richard roberts 232 EAST 84TH STREET NEW YORK, NY 10028	managing dir of develop & housing 40 00	359,749	5,518	0
harriet karr mcdonald 232 EAST 84TH STREET NEW YORK, NY 10028	chief development officer 40 00	206,522	10,999	0
john p mcdonald 232 EAST 84TH STREET NEW YORK, NY 10028	chief financial officer 40 00	187,379	15,881	0
dennis piervicenti 232 EAST 84TH STREET NEW YORK, NY 10028	director of operations 40 00	171,576	1,623	0
jennifer gale silver 232 EAST 84TH STREET NEW YORK, NY 10028	chief process & technology officer 40 00	170,883	10,193	0
alton johnson 232 EAST 84TH STREET NEW YORK, NY 10028	director of rwa 40 00	0	0	0
karl h koeng 232 EAST 84TH STREET NEW YORK, NY 10028	director of finance 40 00	130,700	13,579	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
richard goffe 232 EAST 84TH STREET NEW YORK, NY 10028	dir of it infrastructure & archit 40 00	130,355	5,886	0
kenise etwaru 232 EAST 84TH STREET new york, NY 10028	director of human resources 40 00	130,102	7,387	0
walter roberts 232 EAST 84TH STREET new york, NY 10028	director of real estate operations 40 00	121,320	6,965	0
jennifer d mitchell 232 EAST 84TH STREET new york, NY 10028	director of rwa 40 00	110,253	3,709	0
carl billington 232 EAST 84TH STREET new york, NY 10028	director of porter 40 00	0	0	0
nazerine joseph griffin 232 EAST 84TH STREET new york, NY 10028	program director 40 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
ABP East 86th Street Corp		X
A Better Place HDFC	X	
A Better Place LP		X
Back Office of New York Inc	X	
Gates Avenue Housing Development Fund Corp	X	
Greene-Quincy Housing Development Fund Corp	X	
Iron Horse Managers LLC	X	
Number One Single Room Occupancy Housing Development Fund Corp	X	
Pest at Rest LLC	X	
Porter Avenue Housing Development Fund Corporation	X	
Ready Willing & Able Inc	X	
Ready Willing & Able to Achieve Independence Inc	X	
Ready Willing & Able USA Inc	X	
TDF 2000 Corp		X
TDF2000 Partners LP		X
TDF Real Estate and Property Services Inc		X
55 Clinton Place LLC	X	
Summit Avenue Center for Opportunity LLC	X	
Doe 21st IH LLC		X
TDF 170th Street LLC	X	
Stadium Court Associates LLC	X	

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(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
iron horse managers LLC 232 east 84th street new york, NY10028 05-0567718	10000 00 %	ACQUIRE DEVELOP CONSTRUCT IMPROVE LEASE REAL ESTATE	61,954	61,953
pest at rest llc 232 east 84th street new york, NY10028 73-1687383	10000 00 %	PEST CONTROL TRAINING PROGRAM	221,627	73,355
55 clinton place llc 232 east 84th street new york, NY10028 26-1445962	10000 00 %	Acquire & develop property at Clinton Place	0	0
summit avenue center for opportunity llc 232 east 84th street new york, NY10028 26-0238368	10000 00 %	Acquire & develop property at Summit Place	0	0
tdf 170th street llc 232 east 84th street new york, NY10028 26-1437972	10000 00 %	fee simple interest in land 550 east 170th st	0	0
Doe 21st IH LLC 232 east 84th street new york, NY10028 26-1433572	10000 00 %	Acquire 50 interest in 21ST IH LLC	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
nazerine joseph griffin	READY WILLING & ABLE INC	13-3607921	RELATED THROUGH COMMON CONTROL	95,127	7,759		
alton johnson	porter avenue hdfc	13-4178045	reLATED THROUGH COMMON CONTROL	137,812	9,172		
carl billington	porter avenue hdfc	13-4178045	reLATED THROUGH COMMON CONTROL	98,829	8,813		

TY 2006 Depreciation and Depletion Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Asset	Amount
computers	5,175
computers	4,808
vans- avalon	5,769
leasehold improvements	4,566
LEasehold improvements	184
Furniture & equipment	1,019
AUTO- RX HYBRID	7,419
FURNITURE & FIXTURES	5,865
kitchen & office	10,684
FURNITURE & FIXTURES	1,308
leasehold improvements	9,856
kitchen & office	21,553
telephone & fax	887
computers	50,780
kitchen & office	855

Asset	Amount
computers	1,119

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** The Doe Fund Inc**EIN:** 13-3412540**Gross Sales Price:** 3,320,454**Basis:** 3,267,318**Sales Expenses:** 0**Total (net):** 53,136

TY 2006 Land etc. Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
computers	36,222	10,349	25,873
computers	33,655	15,225	18,430
vans- avalon	40,388	11,539	28,849
leasehold improvements	143,827	37,516	106,311
LEasehold improvements	5,800	184	5,616
Furniture & equipment	7,132	1,019	6,113
AUTO- RX HYBRID	51,933	7,419	44,514
FURNITURE & FIXTURES	56,607	56,607	0
FURNITURE & FIXTURES	12,425	12,425	0
leasehold improvements	620,928	9,856	611,072
kitchen & office	301,747	21,553	280,194
telephone & fax	12,416	887	11,529
computers	710,926	50,780	660,146
kitchen & office	11,976	855	11,121
computers	15,668	1,119	14,549

TY 2006 Other Assets Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Description	Beginning of Year Amount	End of Year Amount
deposits	127,486	123,631
due from affiliates	16,574,286	21,398,357

TY 2006 Other Changes in Net Assets Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Description	Amount
unrealized loss investment carried at market value	-4,085

TY 2006 Other Liabilities Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAXES PAYABLE	5,311	6,425
DUE TO AFFILIATES	4,533,023	5,539,151
contract advances		14,713
deferred rent and lease incentives		429,039
Current Maturities of Long term debt		2,000,000

TY 2006 Relationship Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
GEORGE T MCDONALD	PRESIDENT	HARRIET KARR MCDONALD	chief development officer	HUSBAND AND WIFE
GEORGE T MCDONALD	PRESIDENT	JOHN MCDONALD	CHIEF FINANCIAL OFFICER	FATHER AND SON
HARRIET KARR-MCDONALD	chief development officer	JOHN MCDONALD	CHIEF FINANCIAL OFFICER	MOTHER AND STEPSON

TY 2006 Special Events Schedule

Name: The Doe Fund Inc

EIN: 13-3412540

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
raffle sales	179,090	0	179,090	0	179,090
journal sales	33,500	0	33,500	0	33,500
BENEFIT DINNER	1,698,085	1,455,388	242,697	455,287	-212,590

TY 2006 Self Dealing Statement**Name:** The Doe Fund Inc**EIN:** 13-3412540

Line Number	Explanation
2c	THE ORGANIZATION RENTed OFFICE SPACE FROM THE PRESIDENT OF THE ORGANIZATION FOR \$12,200 PER MONTH for 7 months and \$12,481 per month for 5 months.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2007

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2006

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization THE DOE FUND, INC. Employer identification number 13-3412540

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 6519760
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, line 3c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here [Signature] 1/5/15/08 CFO
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only ERO's signature Date Check if also paid preparer [] Check if self-employed [] ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code BUCHBINDER TUNICK & CO. LLP EIN 13-1578842
ONE PENN PLAZA Phone no 212-695-5003
NEW YORK, NY 10119-0219

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only Preparer's signature Date Check if self-employed [] Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code BUCHBINDER TUNICK & CO. LLP EIN 13-1578842
ONE PENN PLAZA Phone no 212-695-5003
NEW YORK, NY 10119