

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, **and ending** ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C DOW ENDOWMENT FUND, INC. 113 WATERWORKS WAY #250 IRVINE, CA 92618	D Employer identification number 20-0831588	
		E Telephone number 949-753-1522	
		G Gross receipts \$ 203,541.	
F Name and address of principal officer: AHSAN RASHID, MD SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.DOWENDOW.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005	M State of legal domicile: MO

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL ASSISTANCE TO EDUCATIONAL/MEDICAL PROGRAMS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	227,416.	194,520.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,355.	9,021.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,771.	203,541.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	229,248.	86,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,687.	9,519.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	237,935.	95,519.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,164.	108,022.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	497,042.	620,775.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	497,042.	620,775.

Part II Signature Block

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

Sign Here	Signature of officer	Date	PRESIDENT
	AHSAN RASHID, MD Type or print name and title.		
Paid Preparer Use Only	Print/Type preparer's name MARK LAUBER, CPA	Preparer's signature	Date
	Firm's name ▶ JACKSON HOWELL & ASSOCIATES, PLLC	Check <input type="checkbox"/> if self-employed	PTIN P00276191
	Firm's address ▶ 7240 GOODLETT FARMS PARKWAY SUITE 101 CORDOVA, TN 38016	Firm's EIN ▶ 20-3538074	Phone no. (901) 683-5100

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