

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

THE DOE FUND, INC.
345 E 102ND ST, STE 305
NEW YORK, NY 10029

PREPARED BY:

BAKER TILLY US, LLP
66 HUDSON BLVD E
SUITE 2200
NEW YORK, NY 10001

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2024

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE DOE FUND, INC.

EIN or SSN

13-3412540

Name and title of officer or person subject to tax **ANTHONY J MANGIONE**
CFAO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (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 one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1166,378,441.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BAKER TILLY US, LLP** to enter my PIN **12540**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **5/13/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13084314190

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PATRICK YU, CPA** Date **05/13/24**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE DOE FUND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 345 E 102ND ST, STE 305 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10029 F Name and address of principal officer: JENNIFER MITCHELL SAME AS C ABOVE	D Employer identification number 13-3412540 E Telephone number 212-628-5207 G Gross receipts \$ 66,619,033. 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 H(c) Group exemption number
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		
J Website: WWW.DOE.ORG		
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: 1987
M State of legal domicile: NY		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: HELPING INDIVIDUALS WITH TOOLS TO BREAK THE CYCLE OF POVERTY, HOMELESSNESS AND INCARCERATION.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	661
	6 Total number of volunteers (estimate if necessary)	6	82
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 57,346,915.
9 Program service revenue (Part VIII, line 2g)		15,818,564.	17,693,788.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		887.	23,089.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,260,708.	-107,445.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		78,427,074.	66,378,441.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,571,500.	41,093,166.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	578,044.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,078,706.	25,835,291.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	57,650,206.	66,929,955.	
19 Revenue less expenses. Subtract line 18 from line 12	20,776,868.	-551,514.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 156,528,479.	End of Year 203,029,143.
	21 Total liabilities (Part X, line 26)	92,057,045.	139,055,760.
	22 Net assets or fund balances. Subtract line 21 from line 20	64,471,434.	63,973,383.

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 ANTHONY J. MANGIONE, CFAO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name PATRICK YU, CPA	Preparer's signature
	Date	Check if self-employed <input type="checkbox"/> PTIN P00675982
	Firm's name BAKER TILLY US, LLP	Firm's EIN 39-0859910
	Firm's address 66 HUDSON BLVD E, SUITE 2200 NEW YORK, NY 10001	Phone no. 212.697.6900

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 55,424,169. including grants of \$ 1,498.) (Revenue \$ 17,693,788.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 55,424,169.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	108
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 9; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body... X; 8b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes... X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, CA, CT, FL, GA, IL, MD, ME, MA, MI, MN, NH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ANTHONY J. MANGIONE, CFAO - 646-672-4278 345 EAST 102ND STREET, 3RD FLOOR, NEW YORK, NY 10029

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRIET MCDONALD PRES/CEO TO 10/31/22/ BOARD MEMBER	26.00 14.00	X		X				1,289,004.	0.	22,808.
(2) JOHN P. MCDONALD INT CEO & BD DIR. TO 4/3/23 & EVP	35.25 4.75	X		X				339,980.	0.	36,280.
(3) ANTHONY J. MANGIONE CFAO	25.00 15.00			X				304,462.	0.	48,011.
(4) LAURENCE F. GORDON VP OF HOUSING DEVELOPMENT	40.00 0.00					X		280,928.	0.	34,646.
(5) ROBERT E CORNEGY EXECUTIVE VP - EXTERNAL AFFAIRS	40.00 0.00				X			252,615.	0.	13,238.
(6) RUDIS MATA DIRECTOR - FINANCE	40.00 0.00					X		215,482.	0.	44,451.
(7) FELIPE VARGAS VICE PRESIDENT OF PROGRAMS	40.00 0.00				X			230,751.	0.	20,674.
(8) EUNICE GILMORE DIRECTOR OF HUMAN RESOURCES	40.00 0.00					X		135,691.	0.	27,868.
(9) MICA STAUBER TISCH DIRECTOR-INFORMATION TECHNOLOGY	40.00 0.00					X		143,199.	0.	16,635.
(10) SILVIA MORALES DIRECTOR - GOV. CONTRACTS	40.00 0.00					X		146,975.	0.	11,365.
(11) JENNIFER MITCHELL PRESIDENT/CEO AS OF 4/3/23	26.00 14.00	X		X				0.	0.	0.
(12) JULIAN RILEY, JR. ACTING CHAIR AS OF 11/1/22	1.00 0.75	X		X				0.	0.	0.
(13) STEVEN KOPPEL CHAIRMAN TO 10/31/22	1.00 0.75	X		X				0.	0.	0.
(14) CHRISTIAN DIEZ TREASURER TO 2/7/23	1.00 0.75	X		X				0.	0.	0.
(15) COSMO SAGINARIO BOARD DIRECTOR AS OF 6/15/23	1.00 0.75	X						0.	0.	0.
(16) MATT AZZNARA BOARD DIRECTOR	1.00 0.75	X						0.	0.	0.
(17) JOSH WEISENBECK BOARD DIRECTOR	0.75 0.75	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOEL TRACTENBERG BOARD DIRECTOR AS OF 12/20/22	0.75 0.75	X						0.	0.	0.
(19) JESSE WILKINS BOARD DIRECTOR	0.75 0.75	X						0.	0.	0.
(20) DAVID SHAPIRO BOARD DIRECTOR	0.75 0.75	X						0.	0.	0.
(21) NADIA BLOCK BOARD DIRECTOR	0.75 0.75	X						0.	0.	0.
(22) FRANK GRIBBON BOARD DIRECTOR	1.00 0.75	X						0.	0.	0.
(23) BILL THOMPSON BOARD DIRECTOR TO 10/31/22	0.75 0.75	X						0.	0.	0.
(24) SUNIL KAPADIA BOARD DIRECTOR TO 12/26/22	0.75 0.75	X						0.	0.	0.
(25) MELIQUE JONES BOARD DIRECTOR TO 2/26/23	0.75 0.75	X						0.	0.	0.
(26) ROB MORSE BOARD DIRECTOR TO 10/31/22	0.75 0.75	X						0.	0.	0.
1b Subtotal								3,339,087.	0.	275,976.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,339,087.	0.	275,976.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTH BRONX RESTORATION LLC 9 W OAK HILL DRIVE, OYSTER BAY, NY 11771	BUILDING MAINTENANCE SERVICES	512,580.
URBAN ARCHITECTURAL INITIATIVES RA P.C., 233 BROADWAY, SUITE 2150, NEW YORK, NY	ARCHITECTURAL SERVICES	349,131.
BAKER TILLY US, LLP BOX 78975, MILWAUKEE, WI 53278-8975	AUDIT & TAX SERVICES	220,491.
COHN REZNICK, 1301 AVENUE OF THE AMERICAS, NEW YORK, NY 10019-6032	AUDIT & TAX SERVICES	203,552.
FOCAL PRINT PO BOX 6453, SCOTTSDALE, AZ 85261	PRINTING & MAILING SERVICES	122,437.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,082,116.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	42,956,628.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,730,265.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 27,911.			
	h	Total. Add lines 1a-1f		48,769,009.			
Program Service Revenue	2 a	MANAGEMENT/DEVELOPMENT FEES	Business Code 624310	9,035,467.	9,035,467.		
	b	EARNED REVENUES	624310	6,513,289.	6,513,289.		
	c	PROGRAM SERVICE FEES	624310	1,638,286.	1,638,286.		
	d	TENANT RENT	624310	506,746.	506,746.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		17,693,788.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,683.		9,683.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				16,972.			
	b	Less: cost or other basis and sales expenses		3,566.			
c	Gain or (loss)		13,406.				
d	Net gain or (loss)		13,406.		13,406.		
8 a	Gross income from fundraising events (not including \$ 1,082,116. of contributions reported on line 1c). See Part IV, line 18						
		8a	108,960.				
b	Less: direct expenses	8b	237,026.				
c	Net income or (loss) from fundraising events		-128,066.		-128,066.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	REFUNDS & REBATES	Business Code 900099	10,672.		10,672.	
	b	VENDING MACHINE	900099	6,254.		6,254.	
	c	MISC REVENUE	900099	3,695.		3,695.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		20,621.			
12	Total revenue. See instructions		66,378,441.	17693788.	0.	-84,356.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,498.	1,498.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,296,716.		2,296,716.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,233,346.	28,093,608.	2,913,507.	226,231.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	815,277.	392,017.	416,821.	6,439.
9 Other employee benefits	4,328,225.	4,209,830.	74,460.	43,935.
10 Payroll taxes	2,419,602.	1,970,621.	428,132.	20,849.
11 Fees for services (nonemployees):				
a Management	5,996,476.	5,996,476.		
b Legal	592,434.	270,202.	322,232.	
c Accounting	267,069.	4,568.	262,501.	
d Lobbying	10,000.	10,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,457,949.	239,442.	2,218,507.	
12 Advertising and promotion	428,394.	400,495.	19,595.	8,304.
13 Office expenses	752,848.	409,524.	163,435.	179,889.
14 Information technology	445,010.	167,730.	276,075.	1,205.
15 Royalties				
16 Occupancy	3,304,615.	2,412,365.	892,250.	
17 Travel	2,047,226.	2,029,913.	17,213.	100.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	102,854.	60,626.	40,763.	1,465.
20 Interest	337,247.	223,152.	114,095.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	359,262.	316,668.	42,594.	
23 Insurance	198,925.		198,925.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT SERVICES	4,355,204.	4,355,204.		
b AID TO CLIENTS	3,669,352.	3,669,352.		
c BAD DEBTS	203,605.		203,605.	
d EQUIP., FURN. & VEHICLE	165,725.	165,725.		
e All other expenses	141,096.	25,153.	26,316.	89,627.
25 Total functional expenses. Add lines 1 through 24e	66,929,955.	55,424,169.	10,927,742.	578,044.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,650,952.	1	1,195,695.
	2 Savings and temporary cash investments	326,753.	2	218,569.
	3 Pledges and grants receivable, net	80,499.	3	149,207.
	4 Accounts receivable, net	62,628,833.	4	74,116,417.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,133,110.	9	736,588.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,808,304.		
	b Less: accumulated depreciation	10b 7,221,958.	18,021,341.	10c 28,586,346.
	11 Investments - publicly traded securities	99,654.	11	152,386.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	510,000.
	15 Other assets. See Part IV, line 11	72,587,337.	15	97,363,935.
16 Total assets. Add lines 1 through 15 (must equal line 33)	156,528,479.	16	203,029,143.	
Liabilities	17 Accounts payable and accrued expenses	12,200,306.	17	15,464,932.
	18 Grants payable		18	
	19 Deferred revenue	599,989.	19	3,038,592.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	16,427,599.	23	37,250,264.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	62,829,151.	25	83,301,972.
	26 Total liabilities. Add lines 17 through 25	92,057,045.	26	139,055,760.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	64,471,434.	27	63,973,383.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	64,471,434.	32	63,973,383.
	33 Total liabilities and net assets/fund balances	156,528,479.	33	203,029,143.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,378,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,929,955.
3	Revenue less expenses. Subtract line 2 from line 1	3	-551,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64,471,434.
5	Net unrealized gains (losses) on investments	5	53,463.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	63,973,383.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p style="text-align:center">THE DOE FUND, INC.</p>	Employer identification number <p style="text-align:center">13-3412540</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40360924.	45025511.	49190502.	57346915.	48769009.	240692861
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	40360924.	45025511.	49190502.	57346915.	48769009.	240692861
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						240692861

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	40360924.	45025511.	49190502.	57346915.	48769009.	240692861
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	423,063.	491,186.	539,823.	4,259.	9,683.	1468014.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1043274.	132,026.	661,608.	5470539.	129,581.	7437028.
11 Total support. Add lines 7 through 10						249597903
12 Gross receipts from related activities, etc. (see instructions)					12	87,317,660.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	96.43 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.10 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

BAD DEBT RECOVERY

2020 AMOUNT: \$ 210,130.

COMDATA REBATE

2019 AMOUNT: \$ 4,487.

2020 AMOUNT: \$ 6,470.

DEVELOPMENT FEES

2020 AMOUNT: \$ 167,612.

FUNDRAISING

2018 AMOUNT: \$ 921,570.

2019 AMOUNT: \$ 72,000.

2020 AMOUNT: \$ 140,781.

2021 AMOUNT: \$ 118,721.

2022 AMOUNT: \$ 108,960.

MISC REVENUE

2018 AMOUNT: \$ 11,937.

2019 AMOUNT: \$ 1,162.

2020 AMOUNT: \$ 19,105.

2021 AMOUNT: \$ 8,687.

2022 AMOUNT: \$ 3,695.

MISC. REBATE & REFUNDS

2019 AMOUNT: \$ 16,432.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

2020 AMOUNT: \$ 24,900.

2022 AMOUNT: \$ 10,672.

FORGIVENESS OF DEBT

2021 AMOUNT: \$ 5,334,857.

REAL ESTATE TAX REIMBURSEMENT

2018 AMOUNT: \$ 109,767.

2020 AMOUNT: \$ 69,595.

SUBLEASE

2019 AMOUNT: \$ 31,114.

2020 AMOUNT: \$ 12,197.

VENDING MACHINES

2019 AMOUNT: \$ 6,831.

2020 AMOUNT: \$ 10,818.

2021 AMOUNT: \$ 8,274.

2022 AMOUNT: \$ 6,254.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE DOE FUND, INC.

Employer identification number

13-3412540

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE DOE FUND, INC.	Employer identification number 13-3412540
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		10,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			10,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TLM ASSOCIATES LLC PROVIDED CONSULTING SERVICES TO ADVANCE PROPOSALS FOR DEVELOPMENT OF VARIOUS HOUSING, PROGRAMMATIC, SOCIAL AND ECONOMIC DEVELOPMENT INITIATIVES IN NEW YORK CITY AND STATE. SERVICES INCLUDED DISCUSSIONS WITH CITY AND STATE AGENCIES, ELECTED OFFICIALS AS WELL AS STRATEGIES TO ADVANCE PLANS WITH COMMUNITY ORGANIZATIONS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a list of questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question details, Held at the End of the Tax Year (2a-2d), and Yes/No checkboxes for questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question details, Revenue/Assets amounts, and Yes/No checkboxes for questions 1a-1b regarding art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,450,000.		11,450,000.
b Buildings		1,536,412.	503,188.	1,033,224.
c Leasehold improvements		3,497,411.	1,814,613.	1,682,798.
d Equipment		731,939.	707,357.	24,582.
e Other		18,592,542.	4,196,800.	14,395,742.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,586,346.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RENT DEPOSITS	545,022.
(2) LENDER RESTRICTED CASH AND CONTRACTUAL RESERVES	7,917,045.
(3) DUE FROM AFFILIATES	75,940,736.
(4) RIGHT OF USE ASSETS	12,961,132.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	97,363,935.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	13,818,810.
(3) OPERATING LEASES LIABILITIES	13,564,949.
(4) DUE TO AFFILIATES	55,918,213.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	83,301,972.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CORPORATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

Part XIII Supplemental Information (continued)

THE NOT-FOR-PROFIT ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTIONS 501(C)(3) OR 501(C)(4), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. IRON HORSE MANAGERS, LLC, PEST AT REST, LLC, PEST AT REST NEWARK, LLC AND SUGAR HILL APARTMENTS, ARE SINGLE-MEMBER LIMITED LIABILITY COMPANIES WHOSE SINGLE MEMBER IS THE DOE FUND, INC., AND AS SUCH, THEY ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES. THE CORPORATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE CORPORATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FALL GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,191,076.		1,191,076.
	2	Less: Contributions	1,082,116.		1,082,116.
	3	Gross income (line 1 minus line 2)	108,960.		108,960.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	139,872.		139,872.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	97,154.		97,154.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			237,026.
11	Net income summary. Subtract line 10 from line 3, column (d)			-128,066.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE DOE FUND, INC.

Employer identification number

13-3412540

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HARRIET MCDONALD PRES/CEO TO 10/31/22/ BOARD MEMBER	(i)	439,004.	0.	850,000.	11,483.	11,325.	1,311,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN P. MCDONALD INT CEO & BD DIR. TO 4/3/23 & EVP	(i)	339,980.	0.	0.	13,880.	22,400.	376,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANTHONY J. MANGIONE CFAO	(i)	304,462.	0.	0.	12,452.	35,559.	352,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURENCE F. GORDON VP OF HOUSING DEVELOPMENT	(i)	280,928.	0.	0.	10,424.	24,222.	315,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT E CORNEGY EXECUTIVE VP - EXTERNAL AFFAIRS	(i)	252,615.	0.	0.	0.	13,238.	265,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RUDIS MATA DIRECTOR - FINANCE	(i)	215,482.	0.	0.	8,892.	35,559.	259,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FELIPE VARGAS VICE PRESIDENT OF PROGRAMS	(i)	230,751.	0.	0.	9,309.	11,365.	251,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EUNICE GILMORE DIRECTOR OF HUMAN RESOURCES	(i)	135,691.	0.	0.	5,468.	22,400.	163,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICA STAUBER TISCH DIRECTOR-INFORMATION TECHNOLOGY	(i)	143,199.	0.	0.	4,200.	12,435.	159,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SILVIA MORALES DIRECTOR - GOV. CONTRACTS	(i)	146,975.	0.	0.	0.	11,365.	158,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

IN NOVEMBER 2022, THE ORGANIZATION, IN CONSULTATION WITH ITS BOARD, ENTERED INTO A TRANSITION SERVICES AGREEMENT WITH ITS CEO. UNDER THIS AGREEMENT, THE ORGANIZATION PROMISED TO MAKE PERIODIC PAYMENTS TO THE FORMER CEO FROM NOVEMBER 2022 THROUGH JANUARY 2024, SUBJECT TO THE FORMER CEO'S PERFORMANCE OF TRANSITION SERVICES AND COMPLIANCE WITH CERTAIN RELATED CLAUSES (I.E., NON-COMPETE, NON-SOLICITATION, ETC.). FUTURE PAYMENTS UNDER THE ARRANGEMENT ARE SUBJECT TO FORFEITURE IF THE FORMER CEO DOES NOT SATISFY HER OBLIGATIONS UNDER THE AGREEMENT. THE ORGANIZATION WILL ALSO PROVIDE RETIREE MEDICAL INSURANCE TO THE FORMER CEO AS PART OF THIS ARRANGEMENT. AT THAT TIME, THE BOARD ALSO ENGAGED A COMPENSATION CONSULTANT TO PROVIDE ASSURANCES THAT THIS ARRANGEMENT CONSTITUTES REASONABLE COMPENSATION AND IS IN ACCORDANCE WITH THE IRS' "INTERMEDIATE SANCTIONS" RULES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		5,821.	THRIFT SHOP VALUE
5 Clothing and household goods	X		22,090.	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE DOE FUND, INC.

Employer identification number

13-3412540

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDED IN 1985, THE DOE FUND HAS PROVIDED OVER 30,000 INDIVIDUALS WITH THE TOOLS TO BREAK THE DEVASTATING CYCLE OF POVERTY, HOMELESSNESS, AND INCARCERATION. THE ORGANIZATION'S READY, WILLING & ABLE PROGRAM OFFERS PAID WORK, CAREER TRAINING, HOUSING, AND COMPREHENSIVE SUPPORTIVE SERVICES TO FORMERLY HOMELESS AND INCARCERATED MEN IN NEW YORK CITY. THE DOE FUND'S EXPANDING PORTFOLIO OF PERMANENT AFFORDABLE HOUSING GIVES VETERANS, LOW-INCOME INDIVIDUALS AND FAMILIES, PEOPLE STRUGGLING WITH SUBSTANCE ABUSE ISSUES, HIV/AIDS, MENTAL ILLNESS AND PHYSICAL DISABILITIES ACCESS TO STATE-OF-THE-ART, SAFE HOMES WITH ON-SITE SOCIAL SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE DOE FUND EMPOWERS PEOPLE TO BREAK THE CYCLES OF HOMELESSNESS, 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,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

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

FORM 990, PART VI, SECTION A, LINE 2:

HARRIET IS THE PRESIDENT & CEO. JOHN MCDONALD IS THE EVP OF REAL ESTATE OPERATIONS OF THE DOE FUND, INC. JOHN MCDONALD IS THE STEP-SON OF HARRIET KARR MCDONALD.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE CORPORATION CONSISTS OF NAZERINE GRIFFIN, CRAIG TROTTA AND JOHN MCDONALD AND SUCH OTHER PERSONS AS SHALL BE ELECTED TO MEMBERSHIP BY THE EXISTING MEMBERSHIP OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS VOTE ON A SLATE OF NOMINEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER REVIEWS THE IRS FORM 990 FOR THE ORGANIZATION. THE TAX PREPARERS PRESENT THE DRAFT IRS FORM 990 TO THE AUDIT COMMITTEE. AFTER THAT, THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER SHARES A COPY WITH THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

Name of the organization THE DOE FUND, INC.	Employer identification number 13-3412540
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FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD DIRECTORS, OFFICERS AND OTHER SENIOR EXECUTIVES MUST COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THIS STATEMENT CONTAINS A SERIES OF QUESTIONS DESIGNED TO ELICIT THE DISCLOSURE OF ANY FINANCIAL OR OTHER INTERESTS THAT MAY CREATE A CONFLICT OF INTEREST, AS DEFINED IN THE CONFLICT OF INTEREST POLICY. THE DISCLOSURE STATEMENT ALSO INCLUDES A COMMITMENT BY THE SIGNER TO OBSERVE THE CONFLICT OF INTEREST POLICY. ONCE COMPLETED, THE DISCLOSURE STATEMENT IS GIVEN TO THE BOARD SECRETARY, WHO PROVIDES THE AUDIT COMMITTEE CHAIR WITH COPIES OF ANY SUCH STATEMENTS THAT INCLUDE THE DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST. AS INSTRUCTED IN THE CONFLICT OF INTEREST POLICY, BOARD DIRECTORS, OFFICERS AND OTHER SENIOR EXECUTIVES MUST DISCLOSE IN WRITING ANY NEW POTENTIAL CONFLICTS THAT MAY ARISE DURING THE YEAR. THE CONFLICT OF INTEREST POLICY PRESCRIBES HOW THE AUDIT COMMITTEE SHOULD ADDRESS POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD DID NOT CONSIDER RAISES FOR COVERED INDIVIDUALS IN 2022, OTHER THAN THE POST-EMPLOYMENT PAYMENTS FOR THE PRESIDENT EMERITUS. THE ORGANIZATION'S BOARD ADOPTED A COMPENSATION POLICY IN JUNE 2022. UNDER THE POLICY AND ORGANIZATION PRACTICE, WHEN DETERMINING RAISES FOR THE PRESIDENT, EVP OF REAL ESTATE AND/OR CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, THE COMPENSATION COMMITTEE AND MANAGEMENT REVIEWS ONE OR MORE INDEPENDENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS OF THE COMPENSATION PAID TO SIMILARLY SITUATED INDIVIDUALS AT SOCIAL SERVICE ORGANIZATIONS COMPARABLE TO THE ORGANIZATION AS DETERMINED BY THE COMMITTEE.

Name of the organization THE DOE FUND, INC.	Employer identification number 13-3412540
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, CA, CT, FL, GA, IL, MD, ME, MA, MI, MN, NH, NJ, NM, NY, NC, OH, OR, PA, RI, SC, TN, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

PART XII, LINE 2
FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT: THE
FINANCIAL INFORMATION OF THIS ORGANIZATION IS INCLUDED IN THE
CONSOLIDATED FINANCIAL STATEMENTS OF THE DOE FUND, INC. AND AFFILIATES
WHICH ARE AUDITED ANNUALLY BY AN INDEPENDENT ACCOUNTANT. AN AUDIT
COMMITTEE ASSUMES RESPONSIBILITY AND OVERSIGHT OF THE AUDIT OF THE
CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT. THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM THE PRIOR
YEAR.

PART IX, LINE 7
SALARIES PAID FOR RELATED ORGANIZATIONS: THE DOE FUND, INC. ACTS AS A
COMMON PAYMASTER FOR THIS AND OTHER RELATED ORGANIZATIONS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
55 CLINTON PLACE, LLC - 13-3645176 345 EAST 102ND STREET NEW YORK, NY 10029	AFFORDABLE HOUSING REAL ESTATE DEVELOPMENT	NEW YORK	0.	0.	THE DOE FUND, INC.
700 GERARD LLC - 26-3935526 345 EAST 102ND STREET NEW YORK, NY 10029	AFFORDABLE HOUSING REAL ESTATE DEVELOPMENT	NEW YORK	0.	0.	THE DOE FUND, INC.
IRON HORSE MANAGERS LLC - 05-0567718 345 EAST 102ND STREET NEW YORK, NY 10029	MANAGEMENT OF AFFORDABLE HOUSING	NEW YORK	0.	350,398.	THE DOE FUND, INC.
PEST AT REST LLC - 73-1687383 345 EAST 102ND STREET NEW YORK, NY 10029	EXTERMINATING WORK TRAINING PROGRAM	NEW YORK	459,278.	0.	THE DOE FUND, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1220 SPOFFORD HOUSING DEVELOPMENT FUND CORPORATION - 84-4266609, 345 EAST 102ND STREET, NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
1331 JEROME AVENUE HDFC - 83-3779996 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
4519 WPR HDFC - 83-2013739 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
510 GATES AVENUE HOUSING DEVELOPMENT FUND CORPORATION - 85-0936844, 345 EAST 102ND STREET, NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	

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

Schedule R (Form 990) 2022

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PEST AT REST NEWARK, LLC - 27-3279633 345 EAST 102ND STREET NEW YORK, NY 10029	EXTERMINATING WORK TRAINING PROGRAM	NEW YORK	0.	0.	THE DOE FUND, INC.
SUGAR HILL APARTMENTS LLC - 47-1669916 345 EAST 102ND STREET NEW YORK, NY 10029	INTEREST IN PROVIDING AFFORDABLE HOUSING	NEW YORK	0.	487,761.	THE DOE FUND, INC.
SUMMIT AVENUE CENTER FOR OPPORTUNITY, LLC - 26-0238368, 345 EAST 102ND STREET, NEW YORK, NY 10029	AFFORDABLE HOUSING REAL ESTATE DEVELOPMENT	NEW YORK	0.	0.	THE DOE FUND, INC.
TDF 170TH STREET, LLC - 26-1437972 345 EAST 102ND STREET NEW YORK, NY 10029	INTEREST IN PROVIDING AFFORDABLE HOUSING	NEW YORK	0.	0.	THE DOE FUND, INC.
TDF BRUCKNER LLC - 26-2694001 345 EAST 102ND STREET NEW YORK, NY 10029	INTEREST IN PROVIDING AFFORDABLE HOUSING	NEW YORK	0.	0.	THE DOE FUND, INC.
TDF E. 148TH STREET LLC - 26-1569770 345 EAST 102ND STREET NEW YORK, NY 10029	INTEREST IN PROVIDING AFFORDABLE HOUSING	NEW YORK	0.	0.	THE DOE FUND, INC.
TDF TIFFANY STREET LLC - 26-1438318 345 EAST 102ND STREET NEW YORK, NY 10029	INTEREST IN PROVIDING AFFORDABLE HOUSING	NEW YORK	0.	0.	THE DOE FUND, INC.
TDF HOLDCO LLC - 92-0257126 345 EAST 102ND STREET NEW YORK, NY 10029	INTEREST IN PROVIDING AFFORDABLE HOUSING	NEW YORK	0.	0.	THE DOE FUND, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
800 ROCKAWAY HOUSING DEVELOPMENT FUND CORPORATION - 88-4348367, 345 EAST 102ND STREET, NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(3)	LINE 7	THE DOE FUND, INC.	X	
980 WESTCHESTER HDFC - 83-3779996 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
A BETTER PLACE HDFC - 13-3645176 345 EAST 102ND STREET NEW YORK, NY 10029	PERMANENT HOUSING FOR HOMELESS PERSONS	NEW YORK	501(C)(3)	LINE 10	THE DOE FUND, INC.	X	
BACK OFFICE OF NEW YORK, INC. - 13-3998488 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE WORK AND TRAINING SERVICES TO HOMLESS INDIVIDUALS	NEW YORK	501(C)(3)	LINE 10	THE DOE FUND, INC.	X	
CROTONA PARK HDFC - 46-3467100 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
GATES AVENUE HDFC - 13-3550051 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE HOUSING ACCOMODATIONS TO HOMELESS PEOPLE	NEW YORK	501(C)(3)	LINE 10	THE DOE FUND, INC.	X	
GOOD FOOD WORKS - 87-1389689 345 EAST 102ND STREET NEW YORK, NY 10029	PAID WORK, CAREER DEVELOPMENT & WEALTH BUILDING OPPORTUNITIES TO	NEW YORK	501(C)(3)		THE DOE FUND, INC.	X	
GREENE QUINCY HDFC - 13-4018779 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE HOUSING ACCOMODATIONS TO HOMELESS PEOPLE	NEW YORK	501(C)(3)	LINE 10	THE DOE FUND, INC.	X	
NUMBER 1 SINGLE ROOM OCCUPANCY HDFC - 13-3906301, 345 EAST 102ND STREET, NEW YORK, NY 10029	PROVIDE SINGLE ROOM OCCUPANCY TO INDIGENT AND HOMELESS INDIVIDUALS	NEW YORK	501(C)(3)	LINE 7	THE DOE FUND, INC.	X	
PORTER AVENUE HDFC - 13-4178045 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE HOUSING ACCOMODATIONS TO HOMELESS PEOPLE	NEW YORK	501(C)(3)	LINE 7	THE DOE FUND, INC.	X	
READY, WILLING & ABLE PHILADELPHIA - 26-2150260, 345 EAST 102ND STREET, NEW YORK, NY 10029	JOB TRAINING AND ACCOMODATION FOR HOMELESS AND INDIGENT	NEW YORK	501(C)(3)	LINE 7	THE DOE FUND, INC.	X	
READY, WILLING & ABLE, INC. - 13-3607921 345 EAST 102ND STREET NEW YORK, NY 10029	JOB TRAINING AND ACCOMODATION FOR HOMELESS AND INDIGENT	NEW YORK	501(C)(3)	LINE 7	THE DOE FUND, INC.	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
READY, WILLING, & ABLE AMERICA, INC. - 27-1780905, 345 EAST 102ND STREET, NEW YORK, NY 10029	JOB TRAINING AND ACCOMODATION FOR HOMELESS AND INDIGENT	NEW YORK	501(C)(3)	LINE 7	THE DOE FUND, INC.	X	
ROGERS AVE HDFC - 46-3810587 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
UNITED SERVICES HDFC - 47-1779009 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(3)	LINE 12A, I	THE DOE FUND, INC.	X	
VILLA HOUSE HOUSING DEVELOPMENT FUND CORPORATION - 81-5193614, 345 EAST 102ND STREET, NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
WEBSTER GREEN HDFC - 46-2713525 345 EAST 102ND STREET NEW YORK, NY 10029	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NEW YORK	501(C)(4)		THE DOE FUND, INC.	X	
THE LIBERTY FUND INC. - 38-3974312 345 EAST 102ND STREET NEW YORK, NY 10029	TO ASSIST INDIGENT CRIMINAL DEFENDANTS CHARGED WITH LOW-LEVEL	NEW YORK	501(C)(3)	LINE 7	THE DOE FUND, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1220 SPOFFORD APARTMENTS LLC 345 EAST 102ND STREET NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
1220 SPOFFORD MANAGERS, LLC 345 EAST 102ND STREET NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
1331 JEROME MM LLC - 83-1434606, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
1331 JEROME OWNER LLC - 83-1464796, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1220 SPOFFORD MANAGERS CORP 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
1345 ROGERS CORP - 46-3877950 345 EAST 102ND STREET NEW YORK, NY 10029	INVESTMENT	NY	THE DOE FUND, INC.	C CORP					X
21ST IH, LLC - 20-4036424 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
4519 WPR MANAGERS CORP 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
800 ROCKAWAY MANAGERS CORP 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
345 EAST 102ND STREET - 13-4086717, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
4519 WPR APARTMENTS LLC - 87-1204539, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
510 GATES OWNER LLC 345 EAST 102ND STREET NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
800 ROCKAWAY APARTMENTS LLC 345 EAST 102ND STREET NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
980 WESTCHESTER MM LLC - 83-1417836, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
980 WESTCHESTER OWNER LLC - 83-1405886, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
980 WESTCHESTER RETAIL, LLC 345 EAST 102ND STREET NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
A BETTER PLACE LP - 13-3858328, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BRUCKNER BY THE BRIDGE, LLC - 26-2792005, 155 AVENUE OF THE AMERICAS, 3RD FLOOR, NEW YORK, NY 10013	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CRYSTAL BALL LLC - 22-3971339 345 EAST 102ND STREET NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
EAST 170TH STREET ASSOCIATES, LP - 20-5968569, 155 AVENUE OF THE AMERICAS, 3RD FLOOR, NEW YORK, NY 10013	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
EAST 170TH STREET GP, LLC - 20-5968409, 155 AVENUE OF THE AMERICAS, 3RD FLOOR, NEW YORK, NY 10013	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MANAGER BRUCKNER, LLC - 26-1648377, 155 AVENUE OF THE AMERICAS, 3RD FLOOR, NEW YORK, NY 10013	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
STADIUM COURT ASSOCIATES LLC - 02-0666150, 345 EAST 102ND STREET, NEW YORK, NY 10029	RENTAL REAL ESTATE-LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TDF 2000 PARTNERS L.P. - 13-4086717, 345 EAST 102ND STREET, NEW YORK, NY 10029	RENTAL REAL ESTATE-LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TIFFANY STREET ASSOCIATES LP - 26-0440185, 155 AVENUE OF THE AMERICAS, 3RD FLOOR, NEW YORK, NY 10013	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TIFFANY STREET GP, LLC - 26-0440390, 155 AVENUE OF THE AMERICAS, 3RD FLOOR, NEW YORK, NY 10013	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
UNITED SERVICES APARTMENTS LLC - 83-2765365, 345 EAST 102ND STREET, NEW YORK, NY 10029	LOW INCOME HOUSING	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
A BETTER PLACE EAST 86TH STREET CORP. - 13-3858327, 345 EAST 102ND STREET, NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
A BETTER PLACE, INC. 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
ABP EAST 86TH STREET CORP - 13-3858327 345 EAST 102ND STREET NEW YORK, NY 10029	HOUSING DEVELOPMENT	NY	N/A	C CORP	N/A	N/A	N/A		X
CROTONA PARK APARTMENTS LLC - 46-3237904 345 EAST 102ND STREET NEW YORK, NY 10029	INVESTMENT	NY	N/A	C CORP	N/A	N/A	N/A		X
CROTONA PARK INC - 35-2484082 345 EAST 102ND STREET NEW YORK, NY 10029	INVESTMENT	NY	N/A	C CORP	N/A	N/A	N/A		X
DOE 21ST 1H, LLC - 26-1433572 345 EAST 102ND STREET NEW YORK, NY 10029	INVESTMENT	NY	THE DOE FUND, INC.	C CORP					X
QUINCY-GREENE OWNERS LLC - 13-4018822 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
ROGERS APARTMENTS LLC - 46-3813391 345 EAST 102ND STREET NEW YORK, NY 10029	INVESTMENT	NY	N/A	C CORP	N/A	N/A	N/A		X
ROGERS MANAGERS LLC - 46-3831903 345 EAST 102ND STREET NEW YORK, NY 10029	INVESTMENT	NY	N/A	C CORP	N/A	N/A	N/A		X
TDF 2000 CORP - 13-4086720 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
TDF REAL ESTATE AND PROPERTY SERVICES, INC - 26-1444489, 345 EAST 102ND STREET, NEW YORK, NY 10029	REAL ESTATE	NY	THE DOE FUND, INC.	C CORP					X
TDF SC CORP. 345 EAST 102ND STREET NEW YORK, NY 10029	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

GOOD FOOD WORKS

PRIMARY ACTIVITY: PAID WORK, CAREER DEVELOPMENT & WEALTH BUILDING

OPPORTUNITIES TO INDIVIDUALS

NAME OF RELATED ORGANIZATION:

THE LIBERTY FUND INC.

PRIMARY ACTIVITY: TO ASSIST INDIGENT CRIMINAL DEFENDANTS CHARGED WITH

LOW-LEVEL CRIMES

PART V, LINE 2

THE DOE FUND INC. IS THE COMMON PAYMASTER FOR ALL EXPENSES. ALL

EXPENSES FLOW THROUGH THE DOE FUND AND ARE ALLOCATED OUT TO THE

RESPECTIVE ENTITIES VIA INTERCOMPANY TRANSACTIONS. DUE TO THE

COMPLEXITIES OF THE INTERCOMPANY TRANSACTION, RATHER THAN PROVIDING

INACCURATE INFORMATION PART V LINE 2 WILL BE BLANK

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

THE DOE FUND, INC.
345 E 102ND ST, STE 305
NEW YORK, NY 10029

PREPARED BY:

BAKER TILLY US, LLP
66 HUDSON BLVD E
SUITE 2200
NEW YORK, NY 10001

AMOUNT OF TAX:

BALANCE DUE OF \$1,525

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT:
HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2024

SPECIAL INSTRUCTIONS:

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2022

Open to Public
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
THE DOE FUND, INC.	04-59-48

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYC DEPARTMENT OF HOMELESS SERVICES	1. 30,168,365.
2. NYC ECONOMIC DEVELOPMENT CORP	2. 2,763,429.
3. NYC HIV/AIDS SERVICE ADMINISTRATION	3. 5,117,137.
4. DEPARTMENT OF MENTAL HEALTH AND HYGIENE	4. 1,469,848.
5. NYS EMPIRE STATE SUPPORTIVE HOUSING INITIATIVE	5. 3,437,849.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 42,956,628.