

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

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**PREPARED FOR:**

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

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**PREPARED BY:**

BAKER TILLY ADVISORY GROUP, LP  
66 HUDSON BLVD E  
SUITE 2200  
NEW YORK, NY 10001

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**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, 2025

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://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.**

|   |   |                      |
|---|---|----------------------|
| <b>1a</b> Form 990 check here <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....     | <b>1166,379,427.</b> |
| <b>2a</b> Form 990-EZ check here <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                          | <b>2b</b> _____      |
| <b>3a</b> Form 1120-POL check here <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                                   | <b>3b</b> _____      |
| <b>4a</b> Form 990-PF check here <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....         | <b>4b</b> _____      |
| <b>5a</b> Form 8868 check here <input type="checkbox"/>           | <b>b</b> Balance due (Form 8868, line 3c) .....                                     | <b>5b</b> _____      |
| <b>6a</b> Form 990-T check here <input type="checkbox"/>          | <b>b</b> Total tax (Form 990-T, Part III, line 4) .....                             | <b>6b</b> _____      |
| <b>7a</b> Form 4720 check here <input type="checkbox"/>           | <b>b</b> Total tax (Form 4720, Part III, line 1) .....                              | <b>7b</b> _____      |
| <b>8a</b> Form 5227 check here <input type="checkbox"/>           | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....                 | <b>8b</b> _____      |
| <b>9a</b> Form 5330 check here <input type="checkbox"/>           | <b>b</b> Tax due (Form 5330, Part II, line 19) .....                                | <b>9b</b> _____      |
| <b>10a</b> Form 8038-CP check here <input type="checkbox"/>       | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..... | <b>10b</b> _____     |

## 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 2023 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 ADVISORY GROUP, LP** to enter my PIN **12540**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 2023 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 **5/13/25**

## 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 2023 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 **05/13/25**

**ERO Must Retain This Form - See Instructions**

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

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

|  |   |  |  |
|--|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>THE DOE FUND, INC.</b>  |  | <b>D</b> Employer identification number<br><b>13-3412540</b>   |
|  | Doing business as   |  | <b>E</b> Telephone number<br><b>212-628-5207</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                            | Room/suite                               | <b>G</b> Gross receipts \$ <b>66,617,708.</b>  |
|  | <b>345 E 102ND ST, STE 305</b>  |  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>NEW YORK, NY 10029</b> |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| <b>F</b> Name and address of principal officer: <b>JENNIFER MITCHELL</b><br><b>SAME AS C ABOVE</b>   |   | If "No," attach a list. See instructions |  |
| <b>I</b> 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   |   |  |  |
| <b>J</b> Website: <b>WWW.DOE.ORG</b>   |   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation: <b>1987</b>  | <b>M</b> State of legal domicile: <b>NY</b>  |

## Part I Summary

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDING INDIVIDUALS WITH TOOLS NEEDED TO BREAK THE CYCLE OF POVERTY, HOMELESSNESS &amp; INCARCERATION.</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>10</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>9</b>            |
|   | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)  | <b>5</b>                         | <b>661</b>          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>51</b>           |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | <b>0.</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>  | <b>0.</b>                        |                     |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>48,769,009.</b>               | <b>47,497,515.</b>  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>17,693,788.</b>               | <b>16,058,252.</b>  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>23,089.</b>                   | <b>2,747,452.</b>   |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>-107,445.</b>                 | <b>76,208.</b>      |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>66,378,441.</b>               | <b>66,379,427.</b>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>1,498.</b>                    | <b>20,902.</b>      |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>41,093,166.</b>               | <b>39,759,582.</b>  |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>535,715.</b>                  |                     |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>25,835,291.</b>               | <b>20,614,680.</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | <b>66,929,955.</b>   | <b>60,395,164.</b>               |                     |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | <b>-551,514.</b>                 | <b>5,984,263.</b>   |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>203,029,143.</b>              | <b>214,911,863.</b> |
|   |  | <b>139,055,760.</b>              | <b>144,793,212.</b> |
|   |  | <b>63,973,383.</b>               | <b>70,118,651.</b>  |

## 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.

|                               |                                       |                        |                 |   |                  |
|-------------------------------|---------------------------------------|------------------------|-----------------|---|------------------|
| <b>Sign Here</b>              | Signature of officer                  |                        | Date            |   |                  |
|                               | <b>ANTHONY J. MANGIONE, CFAO</b>      |                        |                 |   |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name            | Preparer's signature   | Date            | Check if self-employed <input type="checkbox"/> | PTIN             |
|                               | <b>PATRICK YU, CPA</b>                | <b>PATRICK YU, CPA</b> | <b>05/13/25</b> |   | <b>P00675982</b> |
| <b>Preparer Use Only</b>      | Firm's name                           | Firm's EIN             |                 | Phone no.                                       |                  |
|                               | <b>BAKER TILLY ADVISORY GROUP, LP</b> | <b>39-0859910</b>      |                 | <b>212.697.6900</b>                             |                  |
|                               | Firm's address                        |                        |                 |   |                  |
|                               | <b>66 HUDSON BLVD E, SUITE 2200</b>   |                        |                 |   |                  |
|                               | <b>NEW YORK, NY 10001</b>             |                        |                 |   |                  |

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 \$ 50,152,986. including grants of \$ 20,902. ) (Revenue \$ 16,058,252. ) 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 50,152,986.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. 'X' marks indicate 'Yes' responses for questions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include 2a (661 employees), 2b (X), 3a (X), 3b, 4a (X), 4b, 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b (X), 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

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... 10; 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)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>FMR PRES/CEO TO 10/31/22          | 0.00<br>0.00  |   |                       |         |              |                              | X      | 1,000,000.  | 0.   | 21,700.   |
| (2) JOHN P. MCDONALD<br>EVP OF REAL ESTATE                | 35.25<br>4.75   |   |                       | X       |              |                              |        | 339,960.  | 0.   | 36,509.   |
| (3) ANTHONY J. MANGIONE<br>CFAO                           | 30.00<br>10.00  |   |                       | X       |              |                              |        | 315,018.  | 0.   | 48,620.   |
| (4) LAURENCE F. GORDON<br>VP OF HOUSING DEVELOPMENT       | 40.00<br>0.00   |   |                       |         |              | X                            |        | 292,339.  | 0.   | 36,631.   |
| (5) JENNIFER MITCHELL<br>PRESIDENT/CEO AS OF 4/23         | 32.00<br>8.00   | X   |                       | X       |              |                              |        | 273,942.  | 0.   | 16,714.   |
| (6) FELIPE VARGAS<br>SVP OF PROGRAMS                      | 40.00<br>0.00   |   |                       |         | X            |                              |        | 233,778.  | 0.   | 34,699.   |
| (7) RUDIS MATA<br>VICE PRESIDENT - FINANCE                | 40.00<br>0.00   |   |                       |         |              | X                            |        | 222,328.  | 0.   | 45,469.   |
| (8) MICA STAUBER TISCH<br>DIRECTOR-INFORMATION TECHNOLOGY | 40.00<br>0.00   |   |                       |         |              | X                            |        | 147,814.  | 0.   | 23,447.   |
| (9) EUNICE GILMORE<br>SR DIRECTOR - PEOPLE OPERATIONS     | 40.00<br>0.00   |   |                       |         |              | X                            |        | 141,483.  | 0.   | 28,610.   |
| (10) SILVIA MORALES<br>DIRECTOR - GOV. CONTRACTS          | 40.00<br>0.00   |   |                       |         |              | X                            |        | 152,545.  | 0.   | 11,491.   |
| (11) JULIAN RILEY, JR.<br>ACTING CHAIR TO 8/31/23         | 1.00<br>0.75  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (12) NICOLE SELIGMAN<br>CHAIR                             | 1.00<br>0.75  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (13) COSMO SAGINARIO<br>BOARD DIRECTOR                    | 1.00<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) MATT AZZNARA<br>BOARD DIRECTOR                       | 1.00<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) JOSH WEISENBECK<br>BOARD DIRECTOR                    | 0.75<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) JOEL TRACTENBERG<br>BOARD DIRECTOR                   | 0.75<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) JESSE WILKINS<br>BOARD DIRECTOR                      | 0.75<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) DAVID SHAPIRO<br>BOARD DIRECTOR                           | 0.75<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) NADIA BLOCK<br>BOARD DIRECTOR                             | 0.75<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) FRANK GRIBBON<br>BOARD DIRECTOR                           | 1.00<br>0.75  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 3,119,207.  | 0.   | 303,890.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 3,119,207.  | 0.   | 303,890.  |

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 25

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address                                      | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| COHN REZNICK, 1301 AVENUE OF THE AMERICAS,<br>NEW YORK, NY 10019-6032 | AUDIT & TAX SERVICES           | 277,432.            |
| BAKER TILLY US, LLP<br>BOX 78975, MILWAUKEE, WI 53278-8975            | AUDIT & TAX SERVICES           | 226,717.            |
| MHG ARCHITECTS PC<br>15 EAST 32ND STREET, NEW YORK, NY 10016          | ARCHITECTURAL SERVICES         | 224,656.            |
| FOCAL PRINT<br>PO BOX 6453, SCOTTSDALE, AZ 85261                      | PRINTING & MAILING SERVICES    | 151,240.            |
| STRADA VENTURES LLC<br>661 ST. JOHN'S PLACE, BROOKLYN, NY 11216       | CONSULTING/PROJECT MANAGEMENT  | 150,446.            |

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   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>     |                |                                    |                            |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>     |                |                                    |                            |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>     | 1,392,192.     |                                    |                            |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>     |                |                                    |                            |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>     | 40,890,591.    |                                    |                            |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>     | 5,214,732.     |                                    |                            |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>     | \$ 29,890.     |                                    |                            |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |               | 47,497,515.    |                                    |                            |  |  |
| Program Service Revenue  | <b>2 a</b> EARNED REVENUES  | Business Code |                |                                    |                            |  |  |
|  |   | 624310        | 7,219,821.     | 7,219,821.                         |                            |  |  |
|  | <b>b</b> MANAGEMENT/DEVELOPMENT FEES  | 624310        | 6,939,213.     | 6,939,213.                         |                            |  |  |
|  | <b>c</b> PROGRAM SERVICE FEES   | 624310        | 1,446,171.     | 1,446,171.                         |                            |  |  |
|  | <b>d</b> TENANT RENT  | 624310        | 453,047.       | 453,047.                           |                            |  |  |
|  | <b>e</b> .....  |               |                |                                    |                            |  |  |
|  | <b>f</b> All other program service revenue .....  |               |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f .....  |   | 16,058,252.   |                |                                    |                            |  |  |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |               | 2,731,099.     |                                    |                            | 2731099.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds                                 |               |                |                                    |                            |  |  |
|  | <b>5</b> Royalties .....  |               |                |                                    |                            |  |  |
|  | <b>6 a</b> Gross rents .....  | <b>6a</b>     | (i) Real       |                                    |                            |  |  |
|  |   |               | (ii) Personal  |                                    |                            |  |  |
|  |   |               |                |                                    |                            |  |  |
|  | <b>b</b> Less: rental expenses ...  | <b>6b</b>     |                |                                    |                            |  |  |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>     |                |                                    |                            |  |  |
|  | <b>d</b> Net rental income or (loss) .....  |               |                |                                    |                            |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>     | (i) Securities | 59,046.                            |                            |  |  |
|  |   |               | (ii) Other     |                                    |                            |  |  |
|  |   |               |                |                                    |                            |  |  |
|  | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>     | 42,693.        |                                    |                            |  |  |
|  | <b>c</b> Gain or (loss) .....   | <b>7c</b>     | 16,353.        |                                    |                            |  |  |
|  | <b>d</b> Net gain or (loss) .....   |               | 16,353.        |                                    |                            | 16,353.  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 1,392,192. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |               | 103,530.       |                                    |                            |  |  |
|  |   |               | 195,588.       |                                    |                            |  |  |
|  |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....   | <b>8b</b>   |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....  |   |               | -92,058.       |                                    | -92,058.                   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....   | <b>9a</b>   |               |                |                                    |                            |  |  |
|  |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....   | <b>9b</b>   |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....   |   |               |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....  | <b>10a</b>  |               |                |                                    |                            |  |  |
|  |   |               |                |                                    |                            |  |  |
|  |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....  | <b>10b</b>  |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....  |   |               |                |                                    |                            |  |  |
| Miscellaneous Revenue  | <b>11 a</b> MISC REVENUE  | Business Code |                |                                    |                            |  |  |
|  |   | 900099        | 158,091.       |                                    |                            | 158,091.   |  |
|  | <b>b</b> VENDING MACHINE  | 900099        | 6,446.         |                                    |                            | 6,446.   |  |
|  | <b>c</b> REFUNDS & REBATES  | 900099        | 3,729.         |                                    |                            | 3,729.   |  |
|  | <b>d</b> All other revenue .....  |               |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d .....  |   | 168,266.      |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....  |   | 66,379,427.   | 16058252.      | 0.                                 | 2823660.                   |  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 20,902.               | 20,902.                         |  |                             |
| 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 .....   | 1,431,970.            |                                 | 1,431,970.                             |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   | 2,000,000.            |                                 | 2,000,000.                             |                             |
| 7 Other salaries and wages .....   | 28,329,765.           | 26,829,917.                     | 1,257,691.                             | 242,157.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 841,998.              | 695,840.                        | 139,982.                               | 6,176.                      |
| 9 Other employee benefits .....  | 4,813,947.            | 3,891,865.                      | 877,620.                               | 44,462.                     |
| 10 Payroll taxes .....   | 2,341,902.            | 1,859,131.                      | 462,066.                               | 20,705.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   | 3,355,187.            | 3,355,187.                      |  |                             |
| b Legal .....  | 715,995.              | 399,221.                        | 316,774.                               |                             |
| c Accounting .....   | 267,827.              | 6,695.                          | 261,132.                               |                             |
| d Lobbying .....   | 58,643.               | 58,643.                         |  |                             |
| 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.)   | 415,350.              | 192,563.                        | 222,787.                               |                             |
| 12 Advertising and promotion .....   | 23,575.               | 507.                            | 15,460.                                | 7,608.                      |
| 13 Office expenses .....   | 879,193.              | 444,608.                        | 305,415.                               | 129,170.                    |
| 14 Information technology .....  | 569,571.              | 149,719.                        | 419,141.                               | 711.                        |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 3,644,009.            | 2,478,998.                      | 1,165,011.                             |                             |
| 17 Travel .....  | 2,428,440.            | 2,398,878.                      | 29,562.                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 127,732.              | 43,889.                         | 80,221.                                | 3,622.                      |
| 20 Interest .....  | 445,065.              | 106,087.                        | 338,214.                               | 764.                        |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 417,507.              | 374,914.                        | 42,593.                                |                             |
| 23 Insurance .....   | 231,946.              |                                 | 231,946.                               |                             |
| 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 <b>AID TO CLIENTS</b> .....  | 3,103,272.            | 3,103,272.                      |  |                             |
| b <b>CLIENT SERVICES</b> .....   | 3,071,993.            | 3,071,993.                      |  |                             |
| c <b>EQUIP., FURN. &amp; VEHICLE</b> .....   | 427,738.              | 427,738.                        |  |                             |
| d <b>REPAIRS &amp; MAINTENANCE</b> .....   | 227,120.              | 219,831.                        | 7,289.                                 |                             |
| e All other expenses .....   | 204,517.              | 22,588.                         | 101,589.                               | 80,340.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 60,395,164.           | 50,152,986.                     | 9,706,463.                             | 535,715.                    |
| <b>26 Joint costs.</b> 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)<br>Beginning of year |              | (B)<br>End of year     |
|---|--|--------------------------|--------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,195,695.               | <b>1</b>     | 2,808,649.             |
|   | <b>2</b> Savings and temporary cash investments .....  | 218,569.                 | <b>2</b>     | 392,700.               |
|   | <b>3</b> Pledges and grants receivable, net .....  | 149,207.                 | <b>3</b>     | 350,905.               |
|   | <b>4</b> Accounts receivable, net .....  | 74,116,417.              | <b>4</b>     | 77,274,379.            |
|   | <b>5</b> 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 ..... |                          | <b>5</b>     |                        |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>     |                        |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>     |                        |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>     |                        |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 736,588.                 | <b>9</b>     | 411,639.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 49,977,490.   |              |                        |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 7,639,464.    | 28,586,346.  | <b>10c</b> 42,338,026. |
|   | <b>11</b> Investments - publicly traded securities .....   | 152,386.                 | <b>11</b>    | 823,391.               |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>    |                        |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>    |                        |
|   | <b>14</b> Intangible assets .....  | 510,000.                 | <b>14</b>    | 0.                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 97,363,935.              | <b>15</b>    | 90,512,174.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 203,029,143.   | <b>16</b>                | 214,911,863. |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 15,464,932.              | <b>17</b>    | 18,232,678.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>    |                        |
|   | <b>19</b> Deferred revenue .....   | 3,038,592.               | <b>19</b>    | 3,038,603.             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>    |                        |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>    |                        |
|   | <b>22</b> 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 .....     |                          | <b>22</b>    |                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 37,250,264.              | <b>23</b>    | 49,008,125.            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>    |                        |
|   | <b>25</b> 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 .....  | 83,301,972.              | <b>25</b>    | 74,513,806.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 139,055,760.             | <b>26</b>    | 144,793,212.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |              |                        |
|   | <b>27</b> Net assets without donor restrictions .....  | 63,973,383.              | <b>27</b>    | 70,118,651.            |
|   | <b>28</b> Net assets with donor restrictions .....   |                          | <b>28</b>    |                        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |              |                        |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>    |                        |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>    |                        |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>    |                        |
|   | <b>32</b> Total net assets or fund balances .....  | 63,973,383.              | <b>32</b>    | 70,118,651.            |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 203,029,143.             | <b>33</b>    | 214,911,863.           |

**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  | 66,379,427. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 60,395,164. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 5,984,263.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 63,973,383. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 161,005.    |
| 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 | 70,118,651. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
| 1  |     |    |
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

|  |  |
|--|--|
| <b>Name of the organization</b><br><p style="text-align: center;">THE DOE FUND, INC.</p> | <b>Employer identification number</b><br><p style="text-align: center;">13-3412540</p> |
|--|--|

**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 |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 45025511. | 49190502. | 57346915. | 48769009. | 47497515. | 247829452 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3  | 45025511. | 49190502. | 57346915. | 48769009. | 47497515. | 247829452 |
| <b>5</b> 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) |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 247829452 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4  | 45025511. | 49190502. | 57346915. | 48769009. | 47497515. | 247829452                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 491,186.  | 539,823.  | 4,259.    | 9,683.    | 2731099.  | 3776050.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 132,026.  | 661,608.  | 5470539.  | 129,581.  | 271,796.  | 6665550.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 258271052                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |           |           |           |           | 12        | 88,065,170.              |
| <b>13 First 5 years.</b> 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 <b>stop here</b> |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))   | <b>14</b>                           | 95.96 | % |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14  | <b>15</b>                           | 96.43 | % |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |  |
|---|-----|----|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |     |    |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |  |
| <b>2a</b>   |     |    |  |
| <b>2b</b>   |     |    |  |
| <b>3a</b>   |     |    |  |
| <b>3b</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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> 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 - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2023   |  |   |
| a   | From 2018   |  |   |
| b   | From 2019   |  |   |
| c   | From 2020   |  |   |
| d   | From 2021   |  |   |
| e   | From 2022   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2023 distributable amount  |  |   |
| i   | Carryover from 2018 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2023 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2023 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2019  |  |   |
| b   | Excess from 2020  |  |   |
| c   | Excess from 2021  |  |   |
| d   | Excess from 2022  |  |   |
| e   | Excess from 2023  |  |   |

**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

2019 AMOUNT: \$ 72,000.

2020 AMOUNT: \$ 140,781.

2021 AMOUNT: \$ 118,721.

2022 AMOUNT: \$ 108,960.

2023 AMOUNT: \$ 103,530.

MISC REVENUE

2019 AMOUNT: \$ 1,162.

2020 AMOUNT: \$ 19,105.

2021 AMOUNT: \$ 8,687.

2022 AMOUNT: \$ 3,695.

2023 AMOUNT: \$ 158,091.

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.

2023 AMOUNT: \$ 3,729.

FORGIVENESS OF DEBT

2021 AMOUNT: \$ 5,334,857.

REAL ESTATE TAX REIMBURSEMENT

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.

2023 AMOUNT: \$ 6,446.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



|   |   |
|---|---|
| Name of organization<br><br><b>THE DOE FUND, INC.</b> | Employer identification number<br><br><b>13-3412540</b> |
|---|---|

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>THE DOE FUND, INC.</b> | Employer identification number<br><br><b>13-3412540</b> |
|---|---|

**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 |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| 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

**2023**

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](http://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<br><b>THE DOE FUND, INC.</b> | Employer identification number<br><b>13-3412540</b> |
|---|---|

**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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals        |                     |                               |  |  |  |  |   |   |                    |              |  |  |
|--|--|------------------------------------|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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.                                       |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>j</b> 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? .....   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2023

**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  |
| <b>1</b> 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: |     |    |         |
| <b>a</b> Volunteers? .....  |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     | X  |         |
| <b>c</b> Media advertisements? .....  |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements? .....  |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   | X   |    | 58,643. |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     | X  |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     | X  |         |
| <b>i</b> Other activities? .....  |     | X  |         |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 58,643. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....   |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |         |
| <b>d</b> 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 |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | 2   |    |
| <b>3</b> 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."**

|  |    |  |
|--|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....  | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
| <b>a</b> Current year .....  | 2a |  |
| <b>b</b> Carryover from last year .....  | 2b |  |
| <b>c</b> Total .....   | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....   | 3  |  |
| <b>4</b> 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  |  |
| <b>5</b> 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:**

DAVIDOFF HUTCHER & CITRIN LLP 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

2023

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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**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 in 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? | 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   |                                      | 1,641,409.                      | 567,527.                     | 1,073,882.     |
| c Leasehold improvements  |                                      | 3,497,411.                      | 1,935,294.                   | 1,562,117.     |
| d Equipment   |                                      | 731,939.                        | 718,782.                     | 13,157.        |
| e Other   |                                      | 32,656,731.                     | 4,417,861.                   | 28,238,870.    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 42,338,026.    |

**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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

**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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**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   | 540,806.       |
| (2) LENDER RESTRICTED CASH AND CONTRACTUAL RESERVES                       | 7,542,268.     |
| (3) DUE FROM AFFILIATES   | 75,569,970.    |
| (4) RIGHT OF USE ASSETS   | 5,802,136.     |
| (5) LOAN COSTS  | 1,056,994.     |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 90,512,174.    |

**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   | 16,266,592.    |
| (3) OPERATING LEASES LIABILITIES  | 6,308,899.     |
| (4) DUE TO AFFILIATES   | 51,938,315.    |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 74,513,806.    |

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.

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

**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.

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

**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<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|------------------------------|------------------------|--|
|                 |  | FALL GALA<br>(event type)                                   | SPRING EVENT<br>(event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 1,299,042.                   | 184,350.               | 1,483,392.   |
|                 | 2  | Less: Contributions   | 1,207,842.                   | 184,350.               | 1,392,192.   |
|                 | 3  | Gross income (line 1 minus line 2)                          | 91,200.                      |                        | 91,200.  |
| Direct Expenses | 4  | Cash prizes   |                              |                        |  |
|                 | 5  | Noncash prizes  |                              |                        |  |
|                 | 6  | Rent/facility costs   | 94,736.                      |                        | 94,736.  |
|                 | 7  | Food and beverages  |                              | 1,200.                 | 1,200.   |
|                 | 8  | Entertainment   |                              |                        |  |
|                 | 9  | Other direct expenses                                       | 77,683.                      | 1,888.                 | 79,571.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                              |                        | 175,507.   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                              | -84,307.               |  |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|--|-----------------------|---|---|---|
|                 |  | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2  | Cash prizes           |   |   |   |
|                 | 3  | Noncash prizes        |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses |   |   |   |
|                 | 6  | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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       |
|-----------|-----|----------|
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

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

Schedule J (Form 990) 2023

**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<br>FMR PRES/CEO TO 10/31/22          | (i)  | 0.   | 0.                                  | 1,000,000.                          | 0.   | 21,700.                 | 1,021,700.                      | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) JOHN P. MCDONALD<br>EVP OF REAL ESTATE                | (i)  | 339,960.   | 0.                                  | 0.                                  | 13,880.  | 22,629.                 | 376,469.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) ANTHONY J. MANGIONE<br>CFAO                           | (i)  | 315,018.   | 0.                                  | 0.                                  | 12,641.  | 35,979.                 | 363,638.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) LAURENCE F. GORDON<br>VP OF HOUSING DEVELOPMENT       | (i)  | 292,339.   | 0.                                  | 0.                                  | 12,166.  | 24,465.                 | 328,970.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) JENNIFER MITCHELL<br>PRESIDENT/CEO AS OF 4/23         | (i)  | 273,942.   | 0.                                  | 0.                                  | 15,400.  | 1,314.                  | 290,656.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) FELIPE VARGAS<br>SVP OF PROGRAMS                      | (i)  | 233,778.   | 0.                                  | 0.                                  | 9,869.   | 24,830.                 | 268,477.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) RUDIS MATA<br>VICE PRESIDENT - FINANCE                | (i)  | 222,328.   | 0.                                  | 0.                                  | 9,490.   | 35,979.                 | 267,797.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) MICA STAUBER TISCH<br>DIRECTOR-INFORMATION TECHNOLOGY | (i)  | 147,814.   | 0.                                  | 0.                                  | 6,083.   | 17,364.                 | 171,261.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) EUNICE GILMORE<br>SR DIRECTOR - PEOPLE OPERATIONS     | (i)  | 141,483.   | 0.                                  | 0.                                  | 6,002.   | 22,608.                 | 170,093.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) SILVIA MORALES<br>DIRECTOR - GOV. CONTRACTS          | (i)  | 152,545.   | 0.                                  | 0.                                  | 0.   | 11,491.                 | 164,036.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (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 ENTERED INTO A TRANSITION SERVICES AGREEMENT WITH ITS CEO. UNDER THIS AGREEMENT, THE ORGANIZATION AGREED TO MAKE PAYMENTS TO THE FORMER CEO FROM NOVEMBER 2022 THROUGH JANUARY 2024, SUBJECT TO THE FORMER CEO'S PERFORMANCE OF TRANSITION SERVICES AND THE FORMER CEO'S COMPLIANCE WITH SEVERAL COMMITMENTS (SUCH AS A NON-COMPETE, NON-SOLICITATION, ETC.), ALL OF WHICH WERE DEEMED CRITICAL TO THE BOARD. FUTURE PAYMENTS UNDER THE ARRANGEMENT WERE SUBJECT TO FORFEITURE IF THE FORMER CEO DID NOT SATISFY HER OBLIGATIONS UNDER THE AGREEMENT. THE FORMER CEO SATISFIED HER OBLIGATIONS UNDER THIS AGREEMENT THROUGH THE END OF 2023. THE AMOUNT SHOWN IN 990 SCH J, PART II (B)(III) REPRESENTS THE AMOUNT ON WHICH THE FORMER CEO WAS REQUIRED TO PAY INCOME TAXES IN RESPECT OF THIS ARRANGEMENT.

THE ORGANIZATION ALSO PROVIDES RETIREE MEDICAL INSURANCE TO THE FORMER CEO AS PART OF THIS ARRANGEMENT.

THE BOARD WAS ADVISED BY A COMPENSATION CONSULTANT THAT PROVIDED ASSURANCES

**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.

THAT THIS ARRANGEMENT CONSTITUTED REASONABLE COMPENSATION AND WAS AND IS IN ACCORDANCE WITH THE IRS'S "INTERMEDIATE SANCTIONS" RULES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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](http://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**

| <b>Part I</b> | <b>Types of Property</b>                                  | <b>(a)</b><br>Check if applicable | <b>(b)</b><br>Number of contributions or items contributed | <b>(c)</b><br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | <b>(d)</b><br>Method of determining noncash contribution amounts |
|---------------|---|-----------------------------------|--|---|--|
| 1             | Art - Works of art  |                                   |  |   |  |
| 2             | Art - Historical treasures                                |                                   |  |   |  |
| 3             | Art - Fractional interests                                |                                   |  |   |  |
| 4             | Books and publications                                    |                                   |  |   |  |
| 5             | Clothing and household goods                              | X                                 |  | 29,890.   | 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**

|   | 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.   |     |    |

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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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,

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|   |   |
|---|---|
| Name of the organization<br><b>THE DOE FUND, INC.</b> | Employer identification number<br><b>13-3412540</b> |
|---|---|

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 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.

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

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

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 2024, OTHER THAN THE POST-EMPLOYMENT PAYMENTS FOR THE PRESIDENT EMERITUS. THE ORGANIZATION'S BOARD ADOPTED A COMPENSATION POLICY IN JUNE 2022. UNDER THE ORGANIZATION'S COMPENSATION 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.

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

|   |   |
|---|---|
| Name of the organization<br><b>THE DOE FUND, INC.</b> | Employer identification number<br><b>13-3412540</b> |
|---|---|

**POLICY, AND CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.**

**PART XII, LINE 2**

**THE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT  
AUDIT FIRM: 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 AUDIT FIRM. AN  
AUDIT COMMITTEE ASSUMES RESPONSIBILITY AND OVERSIGHT OF THE AUDIT OF  
THE CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT  
AUDIT FIRM. 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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)<br>Name, address, and EIN (if applicable)<br>of disregarded entity              | (b)<br>Primary activity                       | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|---|---|---------------------|---------------------------|-------------------------------------|
| 55 CLINTON PLACE, LLC - 13-3645176<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029   | AFFORDABLE HOUSING REAL<br>ESTATE DEVELOPMENT | NEW YORK  | 0.                  | 0.                        | THE DOE FUND, INC.                  |
| 700 GERARD LLC - 26-3935526<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029          | AFFORDABLE HOUSING REAL<br>ESTATE DEVELOPMENT | NEW YORK  | 0.                  | 0.                        | THE DOE FUND, INC.                  |
| IRON HORSE MANAGERS LLC - 05-0567718<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029 | MANAGEMENT OF AFFORDABLE<br>HOUSING           | NEW YORK  | 0.                  | 350,398.                  | THE DOE FUND, INC.                  |
| PEST AT REST LLC - 73-1687383<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029        | EXTERMINATING WORK TRAINING<br>PROGRAM        | NEW YORK  | 460,486.            | 129,631.                  | 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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| 1220 SPOFFORD HOUSING DEVELOPMENT FUND<br>CORPORATION - 84-4266609, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029    | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| 1331 JEROME AVENUE HDFC - 83-3779996<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                 | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| 4519 WPR HDFC - 83-2013739<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029   | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| 510 GATES AVENUE HOUSING DEVELOPMENT FUND<br>CORPORATION - 85-0936844, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029 | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |

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

Schedule R (Form 990) 2023

**SEE PART VII FOR CONTINUATIONS**

**Part I** Continuation of Identification of Disregarded Entities

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

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| 980 WESTCHESTER HDFC - 83-3779996<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME             | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| CROTONA PARK HDFC - 46-3467100<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                   | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME             | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| ROGERS AVE HDFC - 46-3810587<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                     | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME             | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| VILLA HOUSE HOUSING DEVELOPMENT FUND<br>CORPORATION - 81-5193614, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029  | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME             | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| WEBSTER GREEN HDFC - 46-2713525<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                  | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME             | NEW YORK  | 501(C)(4)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| 800 ROCKAWAY HOUSING DEVELOPMENT FUND<br>CORPORATION - 88-4348367, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029 | TO PROVIDE AFFORDABLE<br>HOUSING TO PERSONS OF LOW<br>INCOME             | NEW YORK  | 501(C)(3)                     | LINE 7  | THE DOE FUND,<br>INC.               | X  |    |
| A BETTER PLACE HDFC - 13-3645176<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                 | PERMANENT HOUSING FOR<br>HOMELESS PERSONS                                | NEW YORK  | 501(C)(3)                     | LINE 10   | THE DOE FUND,<br>INC.               | X  |    |
| BACK OFFICE OF NEW YORK, INC. - 13-3998488<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                       | TO PROVIDE WORK AND<br>TRAINING SERVICES TO<br>HOMELESS INDIVIDUALS      | NEW YORK  | 501(C)(3)                     | LINE 10   | THE DOE FUND,<br>INC.               | X  |    |
| GATES AVENUE HDFC - 13-3550051<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                   | TO PROVIDE HOUSING<br>ACCOMODATIONS TO HOMELESS<br>PEOPLE                | NEW YORK  | 501(C)(3)                     | LINE 10   | THE DOE FUND,<br>INC.               | X  |    |
| GOOD FOOD WORKS - 87-1389689<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                     | PAID WORK, CAREER<br>DEVELOPMENT OPPORTUNITIES<br>TO PARTICIPANTS        | NEW YORK  | 501(C)(3)                     |   | THE DOE FUND,<br>INC.               | X  |    |
| GREENE QUINCY HDFC - 13-4018779<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                  | TO PROVIDE HOUSING<br>ACCOMODATIONS TO HOMELESS<br>PEOPLE                | NEW YORK  | 501(C)(3)                     | LINE 10   | THE DOE FUND,<br>INC.               | X  |    |
| NUMBER 1 SINGLE ROOM OCCUPANCY HDFC -<br>13-3906301, 345 EAST 102ND STREET, NEW YORK,<br>NY 10029               | PROVIDE SINGLE ROOM<br>OCCUPANCY TO INDIGENT AND<br>HOMELESS INDIVIDUALS | NEW YORK  | 501(C)(3)                     | LINE 7  | THE DOE FUND,<br>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)<br>Name, address, and EIN<br>of related organization                            | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| 1220 SPOFFORD APARTMENTS LLC<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029         | LOW INCOME<br>HOUSING   | NY  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| 1220 SPOFFORD MANAGERS, LLC<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029          | LOW INCOME<br>HOUSING   | NY  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| 1331 JEROME MM LLC -<br>83-1434606, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029    | LOW INCOME<br>HOUSING   | NY  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| 1331 JEROME OWNER LLC -<br>83-1464796, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029 | LOW INCOME<br>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)<br>Name, address, and EIN<br>of related organization                     | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| 1220 SPOFFORD MANAGERS CORP<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029   | REAL ESTATE             | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| 1345 ROGERS CORP - 46-3877950<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029 | INVESTMENT              | NY  | THE DOE FUND,<br>INC.               | C CORP   |                                 |  |                                |   | X  |
| 21ST IH, LLC - 20-4036424<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029     | REAL ESTATE             | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| 4519 WPR MANAGERS CORP<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029        | REAL ESTATE             | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| 800 ROCKAWAY MANAGERS CORP<br>345 EAST 102ND STREET<br>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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| 345 EAST 102ND STREET -<br>13-4086717, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                               | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| 4519 WPR APARTMENTS LLC -<br>87-1204539, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                             | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| 800 ROCKAWAY APARTMENTS LLC<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029  | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| 980 WESTCHESTER MM LLC -<br>83-1417836, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                              | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| 980 WESTCHESTER OWNER LLC -<br>83-1405886, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                           | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| A BETTER PLACE LP -<br>13-3858328, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                                   | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| BRUCKNER BY THE BRIDGE, LLC -<br>26-2792005, 155 AVENUE OF THE<br>AMERICAS, 3RD FLOOR, NEW<br>YORK, NY 10013      | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| CRYSTAL BALL LLC - 22-3971339<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                                      | LOW INCOME<br>HOUSING   | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| EAST 170TH STREET ASSOCIATES,<br>LP - 20-5968569, 155 AVENUE<br>OF THE AMERICAS, 3RD FLOOR,<br>NEW YORK, NY 10013 | LOW INCOME<br>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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                     | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|---|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |   |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| EAST 170TH STREET GP, LLC -<br>20-5968409, 155 AVENUE OF THE<br>AMERICAS, 3RD FLOOR, NEW<br>YORK, NY 10013    | LOW INCOME<br>HOUSING                       | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| MANAGER BRUCKNER, LLC -<br>26-1648377, 155 AVENUE OF THE<br>AMERICAS, 3RD FLOOR, NEW<br>YORK, NY 10013        | LOW INCOME<br>HOUSING                       | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| STADIUM COURT ASSOCIATES LLC<br>- 02-0666150, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                    | RENTAL REAL<br>ESTATE-LOW<br>INCOME HOUSING | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| TDF 2000 PARTNERS L.P. -<br>13-4086717, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                          | RENTAL REAL<br>ESTATE-LOW<br>INCOME HOUSING | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| TIFFANY STREET ASSOCIATES LP<br>- 26-0440185, 155 AVENUE OF<br>THE AMERICAS, 3RD FLOOR, NEW<br>YORK, NY 10013 | LOW INCOME<br>HOUSING                       | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| TIFFANY STREET GP, LLC -<br>26-0440390, 155 AVENUE OF THE<br>AMERICAS, 3RD FLOOR, NEW<br>YORK, NY 10013       | LOW INCOME<br>HOUSING                       | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| UNITED SERVICES APARTMENTS<br>LLC - 83-2765365, 345 EAST<br>102ND STREET, NEW YORK, NY<br>10029               | LOW INCOME<br>HOUSING                       | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| VILLA HOUSE APARTMENTS LLC -<br>82-3788121, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                      | LOW INCOME<br>HOUSING                       | NY   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| WEBSTER GREEN APTS., LP -<br>47-4829132, 345 EAST 102ND<br>STREET, NEW YORK, NY 10029                         | LOW INCOME<br>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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| A BETTER PLACE EAST 86TH STREET CORP. -<br>13-3858327, 345 EAST 102ND STREET, NEW YORK,<br>NY 10029      | REAL ESTATE             | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| A BETTER PLACE, INC.<br>345 EAST 102ND STREET<br>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<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                    | HOUSING DEVELOPMENT     | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| CROTONA PARK APARTMENTS LLC - 46-3237904<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                  | INVESTMENT              | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| CROTONA PARK INC - 35-2484082<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                             | INVESTMENT              | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| DOE 21ST 1H, LLC - 26-1433572<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                             | INVESTMENT              | NY  | THE DOE FUND,<br>INC.               | C CORP   |                                 |  |                                |   | X  |
| QUINCY-GREENE OWNERS LLC - 13-4018822<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                     | REAL ESTATE             | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ROGERS APARTMENTS LLC - 46-3813391<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                        | INVESTMENT              | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ROGERS MANAGERS LLC - 46-3831903<br>345 EAST 102ND STREET<br>NEW YORK, NY 10029                          | INVESTMENT              | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| TDF 2000 CORP - 13-4086720<br>345 EAST 102ND STREET<br>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 -<br>26-1444489, 345 EAST 102ND STREET, NEW YORK,<br>NY 10029 | REAL ESTATE             | NY  | THE DOE FUND,<br>INC.               | C CORP   |                                 |  |                                |   | X  |
| TDF SC CORP.<br>345 EAST 102ND STREET<br>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 |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | X   |    |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>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:**

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 BACK TO THE  
RESPECTIVE ENTITIES VIA INTERCOMPANY TRANSACTIONS. DUE TO THE  
COMPLEXITIES OF THE INTERCOMPANY TRANSACTION, RATHER THAN PROVIDING  
INACCURATE INFORMATION PART V LINE 2 WAS LEFT BLANK.

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

**FOR THE YEAR ENDING**

JUNE 30, 2024

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**PREPARED FOR:**

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

---

**PREPARED BY:**

BAKER TILLY ADVISORY GROUP, LP  
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](HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML)

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**RETURN MUST BE MAILED ON OR BEFORE:**

MAY 15, 2025

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**SPECIAL INSTRUCTIONS:**

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2023**  
**Open to Public Inspection**

## 1. General Information

|   |  |  |
|---|--|--|
| For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2023</b> and Ending (mm/dd/yyyy) <b>06/30/2024</b>  |  |  |
| Check if Applicable:<br><input type="checkbox"/> Address Change<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Initial Filing<br><input type="checkbox"/> Final Filing<br><input type="checkbox"/> Amended Filing<br><input type="checkbox"/> Reg ID Pending   | Name of Organization:<br><b>THE DOE FUND, INC.</b> | Employer Identification Number (EIN):<br><b>13-3412540</b> |
|   | Mailing Address:<br><b>345 E 102ND ST, STE 305</b> | NY Registration Number:<br><b>04-59-48</b>                 |
|   | City / State / ZIP:<br><b>NEW YORK, NY 10029</b>   | Telephone:<br><b>212 628-5207</b>                          |
|   | Website:<br><b>WWW.DOE.ORG</b>                     | Email:   |
| Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> . |  |  |

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

|                                       |           |  |                      |      |
|---------------------------------------|-----------|--|----------------------|------|
| President or Authorized Officer:      | Signature | <b>JENNIFER MITCHELL</b><br><b>PRESIDENT/CEO</b> | Print Name and Title | Date |
| Chief Financial Officer or Treasurer: | Signature | <b>ANTHONY J. MANGIONE</b><br><b>CFAO</b>        | Print Name and Title | Date |

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

|  |   |   |
|--|---|---|
| See the following page for a checklist of schedules and attachments to complete your filing. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
|  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4b. Did the organization receive government grants? If yes, complete Schedule 4b.   |

## 5. Fee

|   |                                 |                                      |                                |  |
|---|---------------------------------|--------------------------------------|--------------------------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee:<br>\$ <u>25.</u> | EPTL filing fee:<br>\$ <u>1,500.</u> | Total fee:<br>\$ <u>1,525.</u> | Make a single check or money order payable to:<br><b>"Department of Law"</b> |
|---|---------------------------------|--------------------------------------|--------------------------------|--|

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# 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](http://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](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2023

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:<br><b>THE DOE FUND, INC.</b> | NY Registration Number:<br><b>04-59-48</b> |
|--|--|

### 2. Government Grants

| Name of Government Agency                         | Amount of Grant    |
|---|--------------------|
| 1. NYC DEPARTMENT OF HOMELESS SERVICES            | 1. 27,540,460.     |
| 2. NYC ECONOMIC DEVELOPMENT CORP                  | 2. 3,034,845.      |
| 3. NYC HIV/AIDS SERVICE ADMINISTRATION            | 3. 4,613,608.      |
| 4. NYC DEPARTMENT OF HEALTH & MENAL HYGIENE       | 4. 1,963,129.      |
| 5. NYS EMPIRE STATE SUPPORITVE HOUSING INTITATIVE | 5. 3,738,549.      |
| 6.  | 6.                 |
| 7.  | 7.                 |
| 8.  | 8.                 |
| 9.  | 9.                 |
| 10.   | 10.                |
| 11.   | 11.                |
| 12.   | 12.                |
| 13.   | 13.                |
| 14.   | 14.                |
| 15.   | 15.                |
| Total Government Grants:                          | Total: 40,890,591. |