

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

Form 990 header section containing: B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending; C Name of organization: THE DOE FUND INC; D Employer identification number: 13-3412540; E Telephone number: (212) 628-5207; F Name and address of principal officer: JENNIFER MITCHELL; G Gross receipts \$ 78,949,959; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; H(c) Group exemption number; I Tax-exempt status: 501(c)(3); J Website: WWW.DOE.ORG; K Form of organization: Corporation; L Year of formation: 1987; M State of legal domicile: NY

Part I Summary

Table with 4 main sections: 1. Activities & Governance (mission statement, 2-7a); 2. Revenue (8-12); 3. Expenses (13-19); 4. Net Assets or Fund Balances (20-22). Includes columns for Prior Year and Current Year.

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.

Sign Here Signature of officer: ANTHONY J MANGIONE CFAO, Date: 2023-05-12

Paid Preparer Use Only Print/Type preparer's name: BAKER TILLY US LLP, Preparer's signature, Date, PTIN: P00675982, Firm's EIN: 39-0859910, Phone no. (212) 697-6900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's 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. GRADUATES OF READY, WILLING & ABLE ARE 62% LESS LIKELY TO REENTER THE CRIMINAL JUSTICE SYSTEM COMPARED TO DEMOGRAPHICALLY-IDENTICAL INDIVIDUALS, AND THE PROGRAM'S WORK WORKS MODEL HAS BEEN REPLICATED IN COMMUNITIES ACROSS THE COUNTRY. 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.

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 48,036,346 including grants of \$) (Revenue \$ 15,319,111)

SEE SCHEDULE O 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, 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.

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

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

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

4e Total program service expenses 48,036,346

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

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

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

Table with 17 main rows (2a-17) and sub-rows (a-e) for various questions. Includes columns for question text, a small table for numerical answers (e.g., 2a, 7d, 10a-11b, 13b-13c), and a large table for Yes/No answers (e.g., 2b, 3a, 4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 12a-12b, 13a, 14a-14b, 15, 16, 17).

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, FL, GA, IL, MD, MA, MI, MN, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WA, WI, AL, ME, OH
18 Section 6104 requires an organization to make its Form 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.
19 Describe in 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 345 EAST 102ND STREET 3RD FLOOR NEW YORK, NY 10029 (646) 672-2990

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, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRIET MCDONALD PRESIDENT/CEO	26.00 14.00	X		X				455,523	0	25,789
(2) STEVEN KOPPEL CHAIRMAN	1.00 1.00	X		X				0	0	0
(3) CHRISTIAN DIEZ TREASURER AS OF 8/16/21	0.75 1.00	X		X				0	0	0
(4) DAVID SHAPIRO BOARD MEMBER	0.50 1.00	X						0	0	0
(5) BILL THOMPSON BOARD MEMBER	0.50 1.00	X						0	0	0
(6) SUNIL KAPADIA BOARD MEMBER	0.75 1.00	X						0	0	0
(7) NADIA BLOCK BOARD MEMBER	0.50 1.00	X						0	0	0
(8) JULIAN RILEY JR BOARD MEMBER	0.50 1.00	X						0	0	0
(9) FRANK GRIBBON BOARD MEMBER	0.75 1.00	X						0	0	0
(10) JESSE WILKINS BOARD MEMBER	0.50 1.00	X						0	0	0
(11) MELIQUE JONES BOARD MEMBER	0.50 1.00	X						0	0	0
(12) ROB MORSE BOARD MEMBER AS OF 8/16/21	0.50 1.00	X						0	0	0
(13) JOSH WEISENBECK BOARD MEMBER AS OF 6/26/22	0.50 1.00	X						0	0	0
(14) MATT AZZNARA BOARD MEMBER AS OF 6/26/22	0.50 1.00	X						0	0	0
(15) JOHN P MCDONALD EXECUTIVE VICE PRESIDENT	40.00 0.00			X				338,152	0	36,204
(16) ANTHONY J MANGIONE CFAO	25.00 15.00			X				267,213	0	44,828
(17) ISABEL AMES MCDEVITT EXECUTIVE VP	40.00 0.00				X			286,662	0	1,314

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FELIPE VARGAS VICE PRESIDENT OF PROGRAMS	40.00 0.00				X			214,742	0	20,034
(19) LAURENCE F GORDON VP OF HOUSING DEVELOPMENT	40.00 0.00					X		267,505	0	34,337
(20) RUDIS MATA VICE PRESIDENT OF FINANCE	40.00 0.00					X		192,713	0	43,540
(21) JENNIFER L BLUM VICE PRESIDENT ADMINISTRATION	40.00 0.00					X		175,000	0	8,314
(22) LOUIS NAPOLITANO DIRECTOR-SECURITY & FACILITIES	40.00 0.00					X		144,906	0	6,981
(23) SILVIA MORALES DIRECTOR - GOV. CONTRACTS	40.00 0.00					X		140,740	0	11,351
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,483,156	0	232,692

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 **▶ 2 3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAMB FINANCIAL GROUP 145 WEST 45TH STREET NEW YORK, NY 10036	INSURANCE BROKER/SERVICES	672,075
COHN REZNICK 1301 AVENUE OF THE AMERICAS NEW YORK, NY 100196032	AUDIT & TAX SERVICES	214,741
FOCAL PRINT PO BOX 6453 SCOTTSDALE, AZ 85261	PRINTING & MAILING SERVICES	167,933
BAKER TILLY US LLP BOX 78975 MILWAUKEE, WI 532788975	AUDIT & TAX SERVICES	155,410
DEVELOPMENT GUILD ONE BOSTON PLACE SUITE 2600 BOSTON, MA 02108	EXTERNAL AFFAIRS ASSESSMENT	121,446

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c	1,035,425	
d Related organizations		1d		
e Government grants (contributions)		1e	50,246,457	
f All other contributions, gifts, grants, and similar amounts not included above		1f	6,065,033	
g Noncash contributions included in lines 1a - 1f:\$		1g	150,805	
h Total. Add lines 1a-1f				57,346,915

Program Service Revenue		Business Code			
			(A)	(B)	
2a MANAGEMENT/DEVELOPMENT FEES		624310	7,237,619	7,237,619	
b EARNED REVENUES		624310	6,556,922	6,556,922	
c PROGRAM SERVICE FEES		624310	1,524,570	1,524,570	
d TENANT RENT		624310	499,453	499,453	
e					
f All other program service revenue.					
g Total. Add lines 2a-2f.			15,818,564		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,259			4,259	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	309,682				
		(ii) Other					
		7b Less: cost or other basis and sales expenses	313,054				
		7c Gain or (loss)	-3,372				
	d Net gain or (loss)		-3,372				-3,372
	8a Gross income from fundraising events (not including \$ 1,035,425 of contributions reported on line 1c). See Part IV, line 18						
		8a	118,721				
		8b Less: direct expenses	209,831				
	c Net income or (loss) from fundraising events		-91,110				-91,110
	9a Gross income from gaming activities. See Part IV, line 19						
		9a					
		9b Less: direct expenses					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	10b Less: cost of goods sold						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a FORGIVENESS OF DEBT	900099		5,334,857			5,334,857	
b MISC REVENUE	900099		8,687			8,687	
c VENDING MACHINE	900099		8,274			8,274	
d All other revenue							
e Total. Add lines 11a-11d			5,351,818				
12 Total revenue. See instructions			78,427,074	15,818,564	0	5,261,595	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,711,504		1,711,504	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,584,075	27,134,850	2,943,104	506,121
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	385,647	349,136	21,925	14,586
9 Other employee benefits	4,498,280	3,583,722	838,683	75,875
10 Payroll taxes	2,391,994	1,915,058	431,797	45,139
11 Fees for services (non-employees):				
a Management	3,741,880	3,741,880		
b Legal	336,299	60,300	275,999	
c Accounting	227,383	9,883	217,500	
d Lobbying	60,000	60,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,542,855	1,366,489	132,711	43,655
12 Advertising and promotion	31,188	2,059	16,323	12,806
13 Office expenses	951,728	459,121	281,833	210,774
14 Information technology	546,019	126,319	414,138	5,562
15 Royalties				
16 Occupancy	2,462,320	1,765,671	664,230	32,419
17 Travel	1,595,667	1,551,266	44,401	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	83,349	42,244	40,699	406
20 Interest	121,176	106,217	14,959	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	348,165	305,572	42,593	
23 Insurance	287,186		287,186	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT SERVICES	3,888,712	3,888,712		
b AID TO CLIENTS	1,091,242	1,091,242		
c EQUIPMENT, FURNITURE & V	292,524	288,482	4,042	
d IN-KIND	150,805	150,805		
e All other expenses	320,208	37,318	200,213	82,677
25 Total functional expenses. Add lines 1 through 24e	57,650,206	48,036,346	8,583,840	1,030,020
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,291,367	1	1,650,952
	2 Savings and temporary cash investments	775,346	2	326,753
	3 Pledges and grants receivable, net	50,000	3	80,499
	4 Accounts receivable, net	44,885,210	4	62,628,833
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,588,777	9	1,133,110
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,884,037		
	b Less: accumulated depreciation	10b 6,862,696	17,806,961	10c 18,021,341
	11 Investments—publicly traded securities		11	99,654
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	68,730,783	15	72,587,337
16 Total assets: Add lines 1 through 15 (must equal line 33)	135,128,444	16	156,528,479	
Liabilities	17 Accounts payable and accrued expenses	10,910,658	17	12,200,306
	18 Grants payable		18	
	19 Deferred revenue		19	599,989
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	20,561,631	23	16,427,599
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	59,794,141	25	62,829,151
	26 Total liabilities. Add lines 17 through 25	91,266,430	26	92,057,045
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,862,014	27	64,471,434
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	43,862,014	32	64,471,434
33 Total liabilities and net assets/fund balances	135,128,444	33	156,528,479	

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	78,427,074
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,650,206
3	Revenue less expenses. Subtract line 2 from line 1	3	20,776,868
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,862,014
5	Net unrealized gains (losses) on investments	5	-76,281
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 in Schedule O)	9	-91,167
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	64,471,434

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
THE DOE FUND INC

Employer identification number
13-3412540

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 82,518,224
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 96.100%
15 Public support percentage for 2020 Schedule A, Part II, line 14 15 97.730%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a 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>		
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>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
a 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 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>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** 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 Total annual distributions. 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 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF 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 - 2017 AMOUNT: \$ 138,008. 2018 AMOUNT: \$ 921,570. 2019 AMOUNT: \$ 72,000. 2020 AMOUNT: \$ 140,781. 2021 AMOUNT: \$ 118,721. MISC REVENUE - 2017 AMOUNT: \$ 3,169. 2018 AMOUNT: \$ 11,937. 2019 AMOUNT: \$ 1,162. 2020 AMOUNT: \$ 19,105. 2021 AMOUNT: \$ 8,687. MISC REBATE REFUNDS - 2019 AMOUNT: \$ 16,432. 2020 AMOUNT: \$ 24,900. FORGIVENESS OF DEBT - 2021 AMOUNT: \$ 5,334,857. REAL ESTATE TAX REIMBURSEMENT - 2018 AMOUNT: \$ 109,767. 2020 AMOUNT: \$ 69,595. SUBLEASE - 2019 AMOUNT: \$ 31,114. 2020 AMOUNT: \$ 12,197. VENDING MACHINES - 2017 AMOUNT: \$ 4,556. 2019 AMOUNT: \$ 6,831. 2020 AMOUNT: \$ 10,818. 2021 AMOUNT: \$ 8,274.

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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. See instructions for definition of "political campaign activities."		
2	Political campaign activity expenditures. See instructions	▶	\$ _____
3	Volunteer hours for political campaign activities. See instructions		_____

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		60,000
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			60,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	TLM ASSOCIATES LLC PROVIDED CONSULTING SERVICES TO ADVANCE PROPOSALS FOR DEVELOPMENT OF VARIOUS HOUSING, PROGRAMMATIC, SOCIAL AND ECONOMIC DEVELOPMENT INITIATIVES IN NEW YORK CITY AND STATE. SERVICES INCLUDED DISCUSSIONS WITH CITY AND STATE AGENCIES, ELECTED OFFICIALS AS WELL AS STRATEGIES TO ADVANCE PLANS WITH COMMUNITY ORGANIZATIONS.

Additional Data

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Software ID:

Software Version:

Supplemental Financial Statements

2021

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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.

	(a) Donor advised funds	(b) Funds and other accounts
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? Yes No
- 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? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 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? Yes No
- 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 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.

- 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.
- b 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 ▶ \$ _____

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 are a 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 programs
 - 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 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		1,536,412	446,945	1,089,467
c Leasehold improvements		3,497,411	1,691,569	1,805,842
d Equipment		715,321	699,766	15,555
e Other		7,684,893	4,024,416	3,660,477
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				18,021,341

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RENT DEPOSITS	391,318
(2) RESERVES	418,982
(3) DUE FROM AFFILIATE	71,777,037
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	72,587,337

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	62,829,151

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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. 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 CONSOLIDATED FINANCIAL STATEMENTS.

Additional Data

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Software ID:

Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
THE DOE FUND INC

Employer identification number
13-3412540

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
		FALL GALA (event type)	DISHES BY DOE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	888,667	190,690		1,079,357
	2 Less: Contributions	844,735	190,690		1,035,425
	3 Gross income (line 1 minus line 2)	43,932			43,932
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	165,354	44,477		209,831
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				209,831
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-165,899	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
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Additional Data

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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Department of the Treasury
Internal Revenue Service

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 idemnification 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 (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing 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 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 in 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
1a		
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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 PRESIDENT/CEO	(i)	455,523	0	0	13,051	12,738	481,312	0
	(ii)	0	0	0	0	0	0	0
2 JOHN P MCDONALD EXECUTIVE VICE PRESIDENT	(i)	338,152	0	0	13,804	22,400	374,356	0
	(ii)	0	0	0	0	0	0	0
3 ANTHONY J MANGIONE CFAO	(i)	267,213	0	0	9,269	35,559	312,041	0
	(ii)	0	0	0	0	0	0	0
4 LAURENCE F GORDON VP OF HOUSING DEVELOPMENT	(i)	267,505	0	0	10,115	24,222	301,842	0
	(ii)	0	0	0	0	0	0	0
5 ISABEL AMES MCDEVITT EXECUTIVE VP	(i)	286,662	0	0	0	1,314	287,976	0
	(ii)	0	0	0	0	0	0	0
6 RUDIS MATA VICE PRESIDENT OF FINANCE	(i)	192,713	0	0	7,981	35,559	236,253	0
	(ii)	0	0	0	0	0	0	0
7 FELIPE VARGAS VICE PRESIDENT OF PROGRAMS	(i)	214,742	0	0	8,669	11,365	234,776	0
	(ii)	0	0	0	0	0	0	0
8 JENNIFER L BLUM VICE PRESIDENT ADMINISTRATION	(i)	175,000	0	0	7,000	1,314	183,314	0
	(ii)	0	0	0	0	0	0	0
9 SILVIA MORALES DIRECTOR - GOV. CONTRACTS	(i)	140,740	0	0	0	11,351	152,091	0
	(ii)	0	0	0	0	0	0	0
10 LOUIS NAPOLITANO DIRECTOR-SECURITY & FACILITIES	(i)	144,906	0	0	5,774	1,207	151,887	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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Additional Data

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

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▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE DOE FUND INC

Employer identification number

13-3412540

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$. ▶ _____
 \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HARRIET MCDONALD	PRESIDENT OF THE DOE FUND, INC.	90,774	LESSOR OF OFFICE SPACE INCLUDING ELECTRICITY TO THE ORGANIZATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

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Noncash Contributions

2021

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE DOE FUND INC

Employer identification number

13-3412540

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		150,805	FMV
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 IV, Donee Acknowledgement **29** 14

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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		No
31	Yes	
32a		No
33		

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.

Return Reference	Explanation
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SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2021**Open to Public
Inspection**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 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue ServiceName of the organization
THE DOE FUND INC

Employer identification number

13-3412540

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	HARRIET IS THE PRESIDENT & CEO. JOHN MCDONALD IS THE EVP OF REAL ESTATE OPERATIONS OF THE DOE FUND, INC. JOHN MCDONALD STEP-SON OF HARRIET KARR MCDONALD.
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF THE CORPORATION CONSISTS OF NAZERINE GRIFFIN, CRAIG TROTТА 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 ELECT OR APPOINT THE DIRECTORS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B	THE CHIEF FINANCIAL OFFICER, EVP OF REAL ESTATE OPERATIONS AND PRESIDENT & CEO REVIEW THE VARIOUS IRS FORM 990S FOR THE ORGANIZATION AND ITS AFFILIATES. THEY ARE THEN PASSED ONTO CHAIRMAN OF AUDIT COMMITTEE FOR REVIEW AND RATIFIED BY THE CHAIRMAN OF THE BOARD AT THE BOARD MEETING. A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD BEFORE FILING WITH THE IRS. THE REAL ESTATE COMMITTEE SEES THE DRAFT PRIOR TO SUBMISSION AS WELL.
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, OFFICERS AND OTHER SENIOR EXECUTIVES MUST COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THIS STATEMENT CONTAINS A SERIES OF QUESTIONS DESIGNED TO ELICIT THE DISCLOSURE OF ANY FINANCIAL OR OTHER INTERESTS THAT MAY CREATE A CONFLICT OF INTEREST, AS DEFINED IN THE CONFLICT OF INTEREST POLICY. THE DISCLOSURE STATEMENT ALSO INCLUDES A COMMITMENT BY THE SIGNER TO OBSERVE THE CONFLICT OF INTEREST POLICY. ONCE COMPLETED, THE DISCLOSURE STATEMENT IS GIVEN TO THE BOARD SECRETARY, WHO PROVIDES THE AUDIT COMMITTEE CHAIR WITH COPIES OF ANY SUCH STATEMENTS THAT INCLUDE THE DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST. AS INSTRUCTED IN THE CONFLICT OF INTEREST POLICY, BOARD MEMBERS, 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	WHEN DETERMINING RAISES, THE ORGANIZATION ENGAGES A FIRM WHICH UTILIZES COMPARABILITY DATA AND SPECIALIZES IN EXECUTIVE COMPENSATION MATTERS TO REVIEW THE COMPENSATION OF THE PRESIDENT AND EXECUTIVE VICE PRESIDENT. THE BOARD REVIEWS THE REPORT PROVIDED BY THE FIRM AND SETS THE COMPENSATION FOR THESE OFFICERS IN AN EXECUTIVE SESSION OF A MEETING OF THE BOARD OF DIRECTORS WHICH EXCLUDES ALL EMPLOYEES OF THE DOE FUND, INC.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	AMOUNT RECLASSIFIED FROM 1331 JEROME AVENUE HDFC -494,206. AMOUNT REMOVED FOR RECLASSIFICATION OF GOOD FOOD WORKS 403,039.
PART XII, LINE 2	FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT: THE FINANCIAL INFORMATION OF THIS ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE DOE FUND, INC. AND AFFILIATES WHICH ARE AUDITED ANNUALLY BY AN INDEPENDENT ACCOUNTANT. AN AUDIT COMMITTEE ASSUMES RESPONSIBILITY AND OVERSIGHT OF THE AUDIT OF THE COMBINED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.
PART IX, LINE 7	SALARIES PAID FOR RELATED ORGANIZATIONS: THE DOE FUND, INC. ACTS AS A COMMON PAYMASTER FOR THIS AND OTHER RELATED ORGANIZATIONS.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

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Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE DOE FUND INC

Employer identification number

13-3412540

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IRON HORSE MANAGERS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 05-0567718	MANAGEMENT OF AFFORDABLE HOUSING	NY	0	350,398	THE DOE FUND INC
(2) PEST AT REST LLC 345 EAST 102ND STREET NEW YORK, NY 10029 73-1687383	EXTERMINATING WORK TRAINING PROGRAM	NY	348,736	0	THE DOE FUND INC
(3) 55 CLINTON PLACE LLC 345 EAST 102ND STREET NEW YORK, NY 10029 13-3645176	AFFORDABLE HOUSING REAL ESTATE DEVELOPMENT	NY	0	0	THE DOE FUND INC
(4) SUMMIT AVENUE CENTER FOR OPPORTUNITY LLC 345 EAST 102ND STREET NEW YORK, NY 10029 26-0238368	AFFORDABLE HOUSING REAL ESTATE DEVELOPMENT	NY	0	0	THE DOE FUND INC
(5) TDF 170TH STREET LLC 345 EAST 102ND STREET NEW YORK, NY 10029 26-1437972	INTEREST IN PROVIDING AFFORDABLE HOUSING	NY	0	0	THE DOE FUND INC
(6) TDF TIFFANY STREET LLC 345 EAST 102ND STREET NEW YORK, NY 10029 26-1438318	INTEREST IN PROVIDING AFFORDABLE HOUSING	NY	0	0	THE DOE FUND INC
(7) TDF E 148TH STREET LLC 345 EAST 102ND STREET NEW YORK, NY 10029 26-1569770	INTEREST IN PROVIDING AFFORDABLE HOUSING	NY	0	0	THE DOE FUND INC
(8) TDF BRUCKNER LLC 345 EAST 102ND STREET NEW YORK, NY 10029 26-2694001	INTEREST IN PROVIDING AFFORDABLE HOUSING	NY	0	0	THE DOE FUND INC
(9) 700 GERARD LLC 345 EAST 102ND STREET NEW YORK, NY 10029 26-3935526	AFFORDABLE HOUSING REAL ESTATE DEVELOPMENT	NY	0	0	THE DOE FUND INC
(10) PEST AT REST NEWARK LLC 345 EAST 102ND STREET NEW YORK, NY 10029 27-3279633	EXTERMINATING WORK TRAINING PROGRAM	NY	0	0	THE DOE FUND INC
(11) SUGAR HILL APARTMENTS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 47-1669916	INTEREST IN PROVIDING AFFORDABLE HOUSING	NY	0	487,761	THE DOE FUND INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 1331 JEROME AVENUE HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 83-3779996	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(2) 4519 WPR HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 83-2013739	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(3) A BETTER PLACE HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 13-3645176	PERMANENT HOUSING FOR HOMELESS PERSONS	NY	501(C)(3)	LINE 10	THE DOE FUND INC	Yes	
(4) BACK OFFICE OF NEW YORK INC 345 EAST 102ND STREET NEW YORK, NY 10029 13-3998488	TO PROVIDE WORK AND TRAINING SERVICES TO HOMELESS INDIVIDUALS	NY	501(C)(3)	LINE 10	THE DOE FUND INC	Yes	
(5) CROTONA PARK HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 46-3467100	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(6) GATES AVENUE HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 13-3550051	TO PROVIDE HOUSING ACCOMODATIONS TO HOMELESS PEOPLE	NY	501(C)(3)	LINE 10	THE DOE FUND INC	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) GREENE QUINCY HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 13-4018779	TO PROVIDE HOUSING ACCOMODATIONS TO HOMELESS PEOPLE	NY	501(C)(3)	LINE 10	THE DOE FUND INC	Yes	
(8) NUMBER 1 SINGLE ROOM OCCUPANCY HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 13-3906301	PROVIDE SINGLE ROOM OCCUPANCY TO INDIGENT AND HOMELESS INDIVIDUALS	NY	501(C)(3)	LINE 7	THE DOE FUND INC	Yes	
(9) PORTER AVENUE HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 13-4178045	TO PROVIDE HOUSING ACCOMODATIONS TO HOMELESS PEOPLE	NY	501(C)(3)	LINE 7	THE DOE FUND INC	Yes	
(10) READY WILLING & ABLE INC 345 EAST 102ND STREET NEW YORK, NY 10029 13-3607921	JOB TRAINING AND ACCOMODATION FOR HOMELESS AND INDIGENT	NY	501(C)(3)	LINE 7	THE DOE FUND INC	Yes	
(11) READY WILLING & ABLE AMERICA INC 345 EAST 102ND STREET NEW YORK, NY 10029 27-1780905	JOB TRAINING AND ACCOMODATION FOR HOMELESS AND INDIGENT	NY	501(C)(3)	LINE 7	THE DOE FUND INC	Yes	
(12) ROGERS AVE HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 46-3810587	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(13) UNITED SERVICES HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 47-1779009	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(3)	LINE 12A, I	THE DOE FUND INC	Yes	
(14) VILLA HOUSE HOUSING DEVELOPMENT FUND CORPORATION 345 EAST 102ND STREET NEW YORK, NY 10029 81-5193614	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(15) WEBSTER GREEN HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 46-2713525	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(16) 980 WESTCHESTER HDFC 345 EAST 102ND STREET NEW YORK, NY 10029 83-3779996	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(17) 510 GATES AVENUE HOUSING DEVELOPMENT FUND CORPORATION 345 EAST 102ND STREET NEW YORK, NY 10029 85-0936844	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(18) 1220 SPOFFORD HOUSING DEVELOPMENT FUND CORPORATION 345 EAST 102ND STREET NEW YORK, NY 10029 84-4266609	TO PROVIDE AFFORDABLE HOUSING TO PERSONS OF LOW INCOME	NY	501(C)(4)		THE DOE FUND INC	Yes	
(19) GOOD FOOD WORKS 345 EAST 102ND STREET NEW YORK, NY 10029 87-1389689	PAID WORK, CAREER DEVELOPMENT & WEALTH BUILDING OPPORTUNITIES TO INDIVIDUALS	NY	PENDING		THE DOE FUND INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 345 EAST 102ND STREET 345 EAST 102ND STREET NEW YORK, NY 10029 13-4086717	RENTAL REAL ESTATE-LOW INCOME HOUSING	NY	N/A					No			No	
(2) STADIUM COURT ASSOCIATES LLC 345 EAST 102ND STREET NEW YORK, NY 10029 02-0666150	RENTAL REAL ESTATE-LOW INCOME HOUSING	NY	N/A					No			No	
(3) EAST 170TH STREET ASSOCIATES LP 155 AVENUE OF THE AMERICAS 3RD FLOOR NEW YORK, NY 10013 20-5968569	LOW INCOME HOUSING	NY	N/A					No			No	
(4) EAST 170TH STREET GP LLC 155 AVENUE OF THE AMERICAS 3RD FLOOR NEW YORK, NY 10013 20-5968409	LOW INCOME HOUSING	NY	N/A					No			No	
(5) TIFFANY STREET ASSOCIATES LP 155 AVENUE OF THE AMERICAS 3RD FLOOR NEW YORK, NY 10013 26-0440185	LOW INCOME HOUSING	NY	N/A					No			No	
(6) TIFFANY STREET GPLLC 155 AVENUE OF THE AMERICAS 3RD FLOOR NEW YORK, NY 10013 26-0440390	LOW INCOME HOUSING	NY	N/A					No			No	
(7) MANAGER BRUCKNER LLC 155 AVENUE OF THE AMERICAS 3RD FLOOR NEW YORK, NY 10013 26-1648377	LOW INCOME HOUSING	NY	N/A					No			No	
(8) BRUCKNER BY THE BRIDGE LLC 155 AVENUE OF THE AMERICAS 3RD FLOOR NEW YORK, NY 10013 26-2792005	LOW INCOME HOUSING	NY	N/A					No			No	
(9) WEBSTER GREEN APTS LP 345 EAST 102ND STREET NEW YORK, NY 10029 47-4829132	LOW INCOME HOUSING	NY	N/A					No			No	
(10) VILLA HOUSE APARTMENTS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 82-3788121	LOW INCOME HOUSING	NY	N/A					No			No	
(11) UNITED SERVICES APARTMENTS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 83-2765365	LOW INCOME HOUSING	NY	N/A					No			No	
(12) A BETTER PLACE LP 345 EAST 102ND STREET NEW YORK, NY 10029 13-3858328	LOW INCOME HOUSING	NY	N/A					No			No	
(13) 1331 JEROME MM LLC 345 EAST 102ND STREET NEW YORK, NY 10029 83-1434606	LOW INCOME HOUSING	NY	N/A					No			No	
(14) 1331 JEROME OWNER LLC 345 EAST 102ND STREET NEW YORK, NY 10029 83-1464796	LOW INCOME HOUSING	NY	N/A					No			No	
(15) 980 WESTCHESTER OWNER LLC 345 EAST 102ND STREET NEW YORK, NY 10029 83-1405886	LOW INCOME HOUSING	NY	N/A					No			No	
(16) 980 WESTCHESTER MM LLC 345 EAST 102ND STREET NEW YORK, NY 10029 83-1417836	LOW INCOME HOUSING	NY	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ABP EAST 86TH STREET CORP 345 EAST 102ND STREET NEW YORK, NY 10029 13-3858327	HOUSING DEVELOPMENT	NY	N/A	C					No
(2) CROTONA PARK APARTMENTS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 46-3237904	INVESTMENT	NY	N/A	C					No
(3) CROTONA PARK INC 345 EAST 102ND STREET NEW YORK, NY 10029 35-2484082	INVESTMENT	NY	N/A	C					No
(4) DOE 21ST 1H LLC 345 EAST 102ND STREET NEW YORK, NY 10029 26-1433572	INVESTMENT	NY	THE DOE FUND INC	C					No
(5) TDF 2000 CORP 345 EAST 102ND STREET NEW YORK, NY 10029 13-4086720	REAL ESTATE	NY	N/A	C					No
(6) TDF REAL ESTATE AND PROPERTY SERVICES INC 345 EAST 102ND STREET NEW YORK, NY 10029 26-1444489	REAL ESTATE	NY	THE DOE FUND INC	C					No
(7) QUINCY-GREENE OWNERS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 13-4018822	REAL ESTATE	NY	N/A	C					No
(8) ROGERS APARTMENTS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 46-3813391	INVESTMENT	NY	N/A	C					No
(9) ROGERS MANAGERS LLC 345 EAST 102ND STREET NEW YORK, NY 10029 46-3831903	INVESTMENT	NY	N/A	C					No
(10) 1345 ROGERS CORP 345 EAST 102ND STREET NEW YORK, NY 10029 46-3877950	INVESTMENT	NY	THE DOE FUND INC	C					No
(11) 21ST 1H LLC 345 EAST 102ND STREET NEW YORK, NY 10029 20-4036424	REAL ESTATE	NY	N/A	C					No
(12) WEBSTER GREEN APTS GP LLC 345 EAST 102ND STREET NEW YORK, NY 10029 47-4846963	REAL ESTATE	NY	THE DOE FUND INC	C					No
(13) VILLA HOUSE MANAGERS CORP 345 EAST 102ND STREET NEW YORK, NY 10029 82-3781664	REAL ESTATE	NY	N/A	C					No
(14) UNITED SERVICES MANAGERS CORP 345 EAST 102ND STREET NEW YORK, NY 10029 83-2747758	REAL ESTATE	NY	N/A	C					No
(15) A BETTER PLACE EAST 86TH STREET CORP 345 EAST 102ND STREET NEW YORK, NY 10029 13-3858327	REAL ESTATE	NY	N/A	C					No

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**