

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

DOROT, INC.

EIN or SSN

13-3264005

Name and title of officer or person subject to tax

**MARK L MERIDY
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,489,864.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BAKER TILLY ADVISORY GROUP, LP** to enter my PIN **64005**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **4-15-25**

Part III Certification and Authentication

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

11770214104
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ELLEN M. LABITA, CPA** Date **04/10/25**

ERO Must Retain This Form - See Instructions

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

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

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

B Check if applicable: C Name of organization DOROT, INC. D Employer identification number 13-3264005
E Telephone number 212-769-2850
G Gross receipts \$ 25,890,632.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.DOROTUSA.ORG
K Form of organization:
L Year of formation: 1983
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O; 2 Check this box...; 3-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer MARK L. MERIDY, EXECUTIVE DIRECTOR
Date
Paid: Print/Type preparer's name ELLEN M. LABITA, CPA; Preparer's signature ELLEN M. LABITA, CPA; Date; Check if self-employed; PTIN P00140777
Preparer Use Only: Firm's name BAKER TILLY ADVISORY GROUP, LP; Firm's EIN 39-0859910; Firm's address 1500 RXR PLAZA, WEST TOWER UNIONDALE, NY 11556; Phone no. 516.747.2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DOROT ALLEVIATES SOCIAL ISOLATION AND LONELINESS AMONG OLDER ADULTS, BY ENGAGING VOLUNTEERS OF ALL AGES, AND PROVIDES SERVICES TO HELP THEM TO LIVE INDEPENDENTLY AS VALUED MEMBERS OF THE COMMUNITY.

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

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

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

4a (Code:) (Expenses \$ 3,362,085. including grants of \$) (Revenue \$) SOCIALIZATION SERVICES CONNECT OLDER ADULTS TO PEERS AND YOUNGER GENERATIONS TO ENHANCE QUALITY OF LIFE, REDUCE SOCIAL ISOLATION, AND CREATE LARGER COMMUNITY BONDS. DOROT'S FRIENDLY VISITING PROGRAM MATCHES COMPASSIONATE VOLUNTEERS WITH OLDER ADULTS FOR WEEKLY/MONTHLY MEETINGS AND CONVERSATIONS AT HOME OR VIRTUALLY. SOCIAL WORKERS SUPPORT OLDER ADULT-VOLUNTEER MATCHES THROUGHOUT THEIR RELATIONSHIP, PROVIDING GUIDANCE AND REFERRALS TO OTHER SERVICES. DOROT RUNS A WIDE RANGE OF ONLINE GROUP OFFERINGS THROUGH ONSITE AT HOME, INCLUDING HEALTH, WELLNESS, AND EXERCISE; CURRENT EVENTS CLASSES; AND ARTS AND CULTURAL PROGRAMMING.

SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ 3,361,678. including grants of \$) (Revenue \$) COMMUNITY SERVICES ALLEVIATES SOCIAL ISOLATION AND BRINGS THE GENERATIONS TOGETHER THROUGH ENRICHING PROGRAMS. DOROT'S RESPONSE TEAM VOLUNTEER CORPS PROVIDES OLDER ADULTS WITH ONE-TIME SERVICES SUCH AS BIRTHDAY VISITS AND CALLS, HELPS WITH ERRANDS AND HOUSEHOLD TASKS SUCH AS RETURNING LIBRARY BOOKS, ORGANIZING PAPERWORK, AND TAKING NEIGHBORHOOD WALKS, THUS DECREASING SOCIAL ISOLATION AND OFFERING NEEDED ASSISTANCE. VOLUNTEERS SHARE OLDER ADULTS' CONCERNS WITH SOCIAL WORKERS SO THAT DOROT CAN CONNECT THEM TO RESOURCES AND PROFESSIONAL SUPPORT AND PROMOTE AGING IN PLACE.

SEE SCHEDULE O FOR CONTINUATION

4c (Code:) (Expenses \$ 1,695,955. including grants of \$) (Revenue \$) EDUCATION SERVICES ALLEVIATE ISOLATION BY ENABLING OLDER ADULTS AND CAREGIVERS TO PARTICIPATE IN CLASSES AND SUPPORT GROUPS. UNIVERSITY WITHOUT WALLS OFFERS EDUCATIONAL AND CULTURAL COURSES, SUPPORT GROUPS, AND HOLIDAY CELEBRATIONS VIA TELECONFERENCE TO OLDER ADULTS THROUGHOUT THE COUNTRY. RUSSIAN UNIVERSITY WITHOUT WALLS OFFERS RUSSIAN-SPEAKING OLDER ADULTS CONTINUING EDUCATION AND ESL CLASSES THROUGH TELECONFERENCE, EASING LONELINESS AND ISOLATION, AND HELPING THEM INTEGRATE INTO AMERICAN LIFE. TRAINED VOLUNTEERS OFFER ONE-ON-ONE ASSISTANCE TO LATE TECHNOLOGY ADOPTERS TO HELP THEM MASTER COMPUTER SKILLS THROUGH TECH COACHING.

SEE SCHEDULE O FOR CONTINUATION

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,141,147. including grants of \$) (Revenue \$)

4e Total program service expenses 9,560,865.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, DC, FL, IL, KS, MD, MA, MN, NH, NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DOROTHY HELLMER, CFO, C/O DOROT, INC. - 917-441-3751 171 WEST 85TH STREET, NEW YORK, NY 10024

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK MERIDY EXECUTIVE DIRECTOR	35.00 0.00	X		X				334,160.	0.	75,716.
(2) DOROTHY HELLMER CHIEF FINANCIAL OFFICER	35.00 0.00			X				231,469.	0.	32,191.
(3) ALISON HODIN-BAIER CHIEF PROGRAM OFFICER	35.00 0.00				X			242,760.	0.	9,867.
(4) JENNY NOTIS-LYSS CHIEF ADVANCEMENT OFFICER	35.00 0.00				X			233,465.	0.	10,525.
(5) LINDA PAUL CHIEF PEOPLE & CULTURE OFFICER	35.00 0.00				X			169,525.	0.	17,841.
(6) JUDITH TURNER SENIOR PROGRAM OFFICER	35.00 0.00					X		148,762.	0.	7,653.
(7) ELLEN AMSTUTZ SENIOR PROGRAM OFFICER	35.00 0.00					X		127,417.	0.	25,515.
(8) JUDY ANN LOGAN HR DIRECTOR	35.00 0.00					X		128,505.	0.	16,861.
(9) FAITH BERLAND CONTROLLER	35.00 0.00					X		139,500.	0.	61.
(10) MARY O'SHAUGHNESSY DIRECTOR OF INFORMATION TECHNOLOGY	35.00 0.00					X		124,432.	0.	12,069.
(11) ELLEN MARRAM PRESIDENT	4.00 0.00	X		X				0.	0.	0.
(12) HARRIET SHAIMAN VICE-PRESIDENT & PRESIDENT-ELECT	4.00 0.00	X		X				0.	0.	0.
(13) HELAINE SUVAL BECKERMAN VICE-PRESIDENT	4.00 0.00	X		X				0.	0.	0.
(14) MITCHELL BERKEY VICE-PRESIDENT	4.00 0.00	X		X				0.	0.	0.
(15) ELISSA FISHMAN TREASURER	4.00 0.00	X		X				0.	0.	0.
(16) JOSH TARGOFF SECRETARY	4.00 0.00	X		X				0.	0.	0.
(17) RENEE ADLER ASCHER DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRIAN DOPPELT DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) MARIAN FAYTELL DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) ELYSSA FRIEDLAND DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) JUDITH FRYER DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) JACK HATTEM DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) ETHAN HORWITZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) MARCIE IMBERMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) DONNA JAKUBOVITZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) ALAN LAYTNER DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								1,879,995.	0.	208,299.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,879,995.	0.	208,299.

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 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SANKY COMMUNICATIONS 360 W 31 STREET, NEW YORK, NY 10001	DIRECT MAIL	251,676.
TALENTED ADVISORS 226 NEW YORK AVENUE, HUNTINGTON, NY 11743	HR CONSULTANT	149,774.
COMPUTER DESIGN & INTEGRATION (CDI) PO BOX 23246, NEW YORK, NY 10087-3246	DATABASE CONSULTANT	138,000.
STEPHEN DELORENZO 575 MAIN STREET, ROOSEVELT ISLAND, NY 10044	FOOD DELIVERY	105,405.

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 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 373,552.				
	b	Membership dues	1b				
	c	Fundraising events	1c 940,825.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 727,970.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 10,323,363.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 97,874.				
	h	Total. Add lines 1a-1f		12,365,710.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		628,280.		628,280.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	12,314,449.			
	c	Gain or (loss)	7c	383,958.			
	d	Net gain or (loss)		383,958.		383,958.	
8 a	Gross income from fundraising events (not including \$ 940,825. of contributions reported on line 1c). See Part IV, line 18	8a					
			60,016.				
b	Less: direct expenses	8b	86,319.				
c	Net income or (loss) from fundraising events		-26,303.		-26,303.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	GAIN FROM CHANGE OF LEASE ASSUMPT	900099	59,059.		59,059.	
	b	AGENCY FEES	900099	58,436.		58,436.	
	c	MISC INCOME	900099	20,724.		20,724.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		138,219.			
12	Total revenue. See instructions		13,489,864.	0.	0.	1124154.	

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 X

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	1,513,548.	1,146,552.	241,561.	125,435.
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	5,713,181.	4,327,885.	911,816.	473,480.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	137,759.	104,356.	21,987.	11,416.
9 Other employee benefits	590,268.	447,143.	94,206.	48,919.
10 Payroll taxes	582,536.	441,286.	92,972.	48,278.
11 Fees for services (nonemployees):				
a Management				
b Legal	150,253.	97,348.	52,905.	
c Accounting	39,270.		39,270.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	40,000.			40,000.
f Investment management fees	92,687.		92,687.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,466,126.	1,219,599.	65,606.	180,921.
12 Advertising and promotion				
13 Office expenses	478,420.	275,619.	51,660.	151,141.
14 Information technology				
15 Royalties				
16 Occupancy	85,553.	64,809.	13,654.	7,090.
17 Travel	32,274.	30,081.	824.	1,369.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,295.	208,543.	22,815.	43,937.
23 Insurance	250,466.	189,735.	39,974.	20,757.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & EQUIPMENT	315,181.	234,020.	43,044.	38,117.
b CLIENT FOOD & DELIVERY	309,973.	309,973.		
c SITE RENTAL	256,008.	172,269.	29,068.	54,671.
d COMMUNITY OUTREACH	176,331.	122,332.	5,092.	48,907.
e All other expenses	207,099.	169,315.	22,600.	15,184.
25 Total functional expenses. Add lines 1 through 24e	12,712,228.	9,560,865.	1,841,741.	1,309,622.
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 checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	612,935.	306,468.	52,441.	254,026.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	341,547.	1	216,740.
	2 Savings and temporary cash investments	397,790.	2	1,219,342.
	3 Pledges and grants receivable, net	3,405,288.	3	2,898,207.
	4 Accounts receivable, net	14,708.	4	8,622.
	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	257,738.	9	230,607.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,418,628.		
	b Less: accumulated depreciation	10b 7,784,887.	10c	1,633,741.
	11 Investments - publicly traded securities	22,910,053.	11	25,104,685.
	12 Investments - other securities. See Part IV, line 11	69,282.	12	0.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,325,475.	15	176,642.
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,303,489.	16	31,488,586.	
Liabilities	17 Accounts payable and accrued expenses	697,535.	17	630,601.
	18 Grants payable		18	
	19 Deferred revenue		19	20,000.
	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		23	
	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	1,477,231.	25	247,608.
	26 Total liabilities. Add lines 17 through 25	2,174,766.	26	898,209.
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	17,653,885.	27	18,913,977.
	28 Net assets with donor restrictions	10,474,838.	28	11,676,400.
	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	28,128,723.	32	30,590,377.
33 Total liabilities and net assets/fund balances	30,303,489.	33	31,488,586.	

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	13,489,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,712,228.
3	Revenue less expenses. Subtract line 2 from line 1	3	777,636.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,128,723.
5	Net unrealized gains (losses) on investments	5	1,684,018.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,590,377.

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		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11170147.	14509910.	9948937.	9431979.	12365710.	57426683.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11170147.	14509910.	9948937.	9431979.	12365710.	57426683.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11008108.
6 Public support. Subtract line 5 from line 4.						46418575.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	11170147.	14509910.	9948937.	9431979.	12365710.	57426683.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	421,599.	313,448.	303,494.	346,418.	628,280.	2013239.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		20,400.	63,603.	92,424.	198,235.	374,662.
11 Total support. Add lines 7 through 10						59814584.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	77.60 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	78.98 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

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

GROSS INCOME FROM SPECIAL EVENTS

2020 AMOUNT: \$ 20,400.

2021 AMOUNT: \$ 39,096.

2022 AMOUNT: \$ 28,880.

2023 AMOUNT: \$ 60,016.

AGENCY FEES

2021 AMOUNT: \$ 24,507.

2022 AMOUNT: \$ 63,544.

2023 AMOUNT: \$ 58,436.

MISCELLANEOUS INCOME

2023 AMOUNT: \$ 20,724.

GAIN FROM CHANGE OF LEASE ASSUMPTION

2023 AMOUNT: \$ 59,059.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization DOROT, INC. Employer identification number 13-3264005

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (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.

Table with 3 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included on line 2a, d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register; 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 2d 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.

Table with 3 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,344,069.	7,796,457.	7,796,457.	2,796,457.	2,796,457.
b Contributions	1,105,149.			5,000,000.	
c Net investment earnings, gains, and losses	1,498,741.	199,805.	283,218.	64,510.	56,079.
d Grants or scholarships					
e Other expenditures for facilities and programs	603,066.	652,193.	283,218.	64,510.	56,079.
f Administrative expenses					
g End of year balance	9,344,893.	7,344,069.	7,796,457.	7,796,457.	2,796,457.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 16.0000 %
 - b Permanent endowment 84.0000 %
 - c Term endowment .0000 %
- 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? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		315,000.		315,000.
b Buildings		7,869,596.	6,970,179.	899,417.
c Leasehold improvements				
d Equipment		1,234,032.	814,708.	419,324.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,633,741.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES & TRUSTS	62,645.
(3) OPERATING LEASE LIABILITIES	184,963.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	247,608.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	15,237,612.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,684,018.	
b	Donated services and use of facilities	2b	156,417.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,840,435.	
3	Subtract line 2e from line 1	3	13,397,177.	
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	92,687.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	92,687.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,489,864.	

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	12,775,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	156,417.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	156,417.	
3	Subtract line 2e from line 1	3	12,619,541.	
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	92,687.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	92,687.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,712,228.	

Part XIII Supplemental Information

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

PART V, LINE 4:

EARNINGS ON THE BOARD DESIGNATED FUNDS WILL BE USED TO SUPPORT PROGRAMS AT THE BOARD'S DISCRETION.

PERMANENTLY RESTRICTED REPRESENTS CONTRIBUTIONS WHERE THE PRINCIPAL MUST REMAIN IN PERPETUITY. THE REVENUE GENERATED FROM THESE CONTRIBUTIONS CAN BE USED FOR THE PROGRAMS SPECIFIED BY THE DONORS.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED DOROT'S TAX POSITIONS AND CONCLUDED THAT DOROT HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF FINANCIAL ACCOUNTING

Part XIII Supplemental Information *(continued)*

STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") NO.

740.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL BENEFIT (event type)	(event type)	NONE 0 (total number)	
Revenue	1	Gross receipts	1,000,841.		1,000,841.
	2	Less: Contributions	940,825.		940,825.
	3	Gross income (line 1 minus line 2)	60,016.		60,016.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	39,955.		39,955.
	7	Food and beverages	45,787.		45,787.
	8	Entertainment			
	9	Other direct expenses	577.		577.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			86,319.
11	Net income summary. Subtract line 10 from line 3, column (d)			-26,303.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
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 to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 360 W. 31ST ST. FL 6, NEW YORK, NY 10001

(I) NAME OF FUNDRAISER: THE JFM GROUP

(I) ADDRESS OF FUNDRAISER: 1661 10TH AVE., 1ST FL, NEW YORK, NY 11215

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

DOROT, INC.

Employer identification number

13-3264005

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK MERIDY EXECUTIVE DIRECTOR	(i)	334,160.	0.	0.	47,300.	28,416.	409,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOROTHY HELLMER CHIEF FINANCIAL OFFICER	(i)	231,469.	0.	0.	12,272.	19,919.	263,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALISON HODIN-BAIER CHIEF PROGRAM OFFICER	(i)	242,760.	0.	0.	9,806.	61.	252,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNY NOTIS-LYSS CHIEF ADVANCEMENT OFFICER	(i)	233,465.	0.	0.	0.	10,525.	243,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LINDA PAUL CHIEF PEOPLE & CULTURE OFFICER	(i)	169,525.	0.	0.	0.	17,841.	187,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JUDITH TURNER SENIOR PROGRAM OFFICER	(i)	148,762.	0.	0.	7,592.	61.	156,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELLEN AMSTUTZ SENIOR PROGRAM OFFICER	(i)	127,417.	0.	0.	5,596.	19,919.	152,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE FOLLOWING INDIVIDUAL WAS COVERED UNDER A NONQUALIFIED DEFERRED

COMPENSATION PLAN:

MARK MERIDY - \$30,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **DOROT, INC.** Employer identification number **13-3264005**

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	68,191.	
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 (<u>MEALS ON WHEELS</u>)	X	1	17,230.	COST
26 Other (<u>PACKAGE DELIVER</u>)	X	1	10,220.	COST
27 Other (<u>VARIOUS SUPPLIE</u>)	X	1	2,233.	COST
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 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		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER ON PART I, COLUMN B REPRESENTS NUMBER OF DONORS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

DOROT, INC.

Employer identification number

13-3264005

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

DOROT ALLEVIATES SOCIAL ISOLATION AND LONELINESS AMONG OLDER ADULTS, BY
ENGAGING VOLUNTEERS OF ALL AGES, AND PROVIDES SERVICES TO HELP THEM TO
LIVE INDEPENDENTLY AS VALUED MEMBERS OF THE COMMUNITY.

PART III - LINE 1

DOROT'S MISSION IS TO ALLEVIATE SOCIAL ISOLATION AMONG OLDER ADULTS AND
PROVIDES SERVICES TO HELP THEM LIVE INDEPENDENTLY AS VALUED MEMBERS OF
THE COMMUNITY. WE SERVE THE JEWISH AND WIDER COMMUNITY, BRINGING THE
GENERATIONS TOGETHER IN A MUTUALLY BENEFICIAL PARTNERSHIP OF ELDERS,
VOLUNTEERS AND PROFESSIONALS. OUR WORK PROVIDES AN EFFECTIVE MODEL FOR
OTHERS.

DOROT'S PROGRAMS:

* ADDRESS BASIC NEEDS FOR OLDER ADULTS, SUCH AS ALLEVIATING SOCIAL
ISOLATION AND LONELINESS, PROVIDING FOOD AND HEALTH AND WELLNESS
SERVICES, AND LIFE MANAGEMENT SKILLS;

* PROVIDE SOCIAL, CULTURAL, RELIGIOUS, ARTS AND EDUCATIONAL ACTIVITIES
TO ALLEVIATE ISOLATION AND TO BRING THE GENERATIONS TOGETHER;

* PROMOTE A STRONG ETHIC OF VOLUNTEERISM; AND

* FOSTER RESPECT FOR HUMAN DIGNITY AMONG ALL PEOPLE OF ALL AGES IN
ACCORDANCE WITH JEWISH VALUES.

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

THROUGH LONGSTANDING SYNAGOGUE PARTNERSHIPS, DOROT SOCIAL WORKERS
SUPPORT OLDER CONGREGANTS, GUIDE CAREGIVERS, INSPIRE AN ETHIC OF

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization DOROT, INC.	Employer identification number 13-3264005
-----------------------------------------	----------------------------------------------

VOLUNTEERISM, AND ADVISE PASTORAL STAFF ABOUT RESOURCES FOR THE AGING. DOROT'S HOLOCAUST INITIATIVE PROVIDES PROGRAMMING AND SERVICES TO HOLOCAUST SURVIVORS AND CHILDREN OF HOLOCAUST SURVIVORS (2GS). DOROT STAFF IS TRAINED IN THE FUNDAMENTALS OF A PERSON-CENTERED TRAUMA-INFORMED (PCTI) CARE APPROACH IN DEVELOPING PROGRAMS FOR AND ASSISTING OLDER ADULTS WHO HAVE EXPERIENCED TRAUMA. DOROT WESTCHESTER OFFERS VOLUNTEER VISITING, ONSITE EDUCATIONAL AND CULTURAL PROGRAMMING TO OLDER ADULT WESTCHESTER RESIDENTS. DOROT STAFF ATTEND CONFERENCES TO SHARE BEST PRACTICES AND DOROT'S MODEL AND LEARNINGS AROUND CREATING MEANINGFUL INTERGENERATIONAL PROGRAMMING THAT ALLEVIATES SOCIAL ISOLATION AMONG OLDER ADULTS.

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

DOROT CONNECTIONS IN QUEENS OFFERED VIRTUAL AND IN-PERSON INTERGENERATIONAL AND SOCIAL ENGAGEMENT PROGRAMS FOR OLDER ADULTS AND VOLUNTEERS LIVING IN NEW YORK CONGRESSIONAL DISTRICT 06 TO CREATE COMMUNITY USING AN INTENSIVE OUTREACH RECRUITMENT AND COMMUNITY PARTNERSHIP STRATEGY. LASTING IMPRESSIONS OFFERS SENIORS THE OPPORTUNITY TO CREATE THEIR LEGACY IN THE FORM OF AN ETHICAL WILL, MEMOIR, ART PROJECT OR VIDEO/AUDIO INTERVIEW; AND HELPS THOSE INTERESTED COMPOSE ADVANCE CARE PLANS. THROUGH FOUR ANNUAL PACKAGE DELIVERY PROGRAMS, VOLUNTEERS BRING PACKAGES OF HOLIDAY FOOD, TREATS, AND ESSENTIALS TO HOME-BASED OLDER ADULTS AND ENJOY A FRIENDLY VISIT EITHER OVER THE PHONE OR IN THE HOME. DOROT SOCIAL WORKERS FOLLOW-UP ON ANY UNMET NEEDS. AGING ALONETOGETHER IS A SIX-SESSION WORKSHOP SERIES THAT PROVIDES TOOLS, STRATEGIES, AND SUPPORT FOR ADULTS WHO IDENTIFY AS SOLO AGERS: INDIVIDUALS WHO, BY CHOICE OR CIRCUMSTANCE, FUNCTION WITHOUT THE SUPPORT SYSTEM TRADITIONALLY PROVIDED BY FAMILY. BRINGING

Name of the organization DOROT, INC.	Employer identification number 13-3264005
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THE GENERATIONS TOGETHER IS A HIGH PRIORITY FOR DOROT AND A WIDE RANGE OF INTERGENERATIONAL PROGRAMS ARE OFFERED THAT BRING OLDER ADULTS AND VOLUNTEERS TOGETHER TO FORM LASTING RELATIONSHIPS. KEY PROGRAMS INCLUDE OUR TEEN AND COLLEGE INTERNSHIP PROGRAMS, FAMILY VOLUNTEERING, ART, MUSIC, CHESS AND CURRENT EVENTS WORKSHOPS. GENUINE CONNECTIONS IS AN EXCLUSIVELY ONLINE SPACE FOR SENIORS AND TEENS TO BUILD INTERGENERATIONAL COMMUNITY THROUGH WORTHWHILE CONVERSATION AND FUN ACTIVITIES WITHIN SMALL AND CONSISTENT GROUPS. THE COMBINATION OF SUPPORTIVE COMMUNITY, PERSONAL STORYTELLING, AND REFLECTION CREATES AN ATMOSPHERE IN WHICH MEANINGFUL INTERGENERATIONAL RELATIONSHIPS FORM AND GROW. DURING 2024, OVER 6,400 COMPASSIONATE VOLUNTEERS PROVIDED OLDER ADULTS WITH A RANGE OF SERVICES AND SOCIAL INTERACTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
TECH COACHES TEACH OLDER ADULTS HOW TO CONNECT WITH FAMILY AND FRIENDS VIRTUALLY, PARTICIPATE IN ONLINE CLASSES, AND ACCESS ESSENTIAL SERVICES OVER THE INTERNET. FAMILIES CAN DOWNLOAD TECHNOLOGY GUIDES FROM THE DOROT WEBSITE TO HELP TEACH PARENTS AND GRANDPARENTS TO USE A LAPTOP, SMARTPHONE, AND OTHER DEVICES. THROUGH INFORMATION AND REFERRAL, DOROT STAFF PROVIDE GUIDANCE TO SENIORS, CAREGIVERS, AND PROFESSIONALS ABOUT AVAILABLE SERVICES AT DOROT, AND IN NEW YORK CITY AND BEYOND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CONCRETE SERVICES HELP OLDER ADULTS LIVE INDEPENDENTLY IN THE COMMUNITY. KOSHER MEALS AT HOME (KMH) DELIVERS WEEKLY NUTRITIOUS FROZEN KOSHER MEALS TO HOME-BASED OLDER ADULTS WHO HAVE DIFFICULTY SHOPPING OR COOKING. THE KMH COORDINATOR AND SOCIAL WORK INTERNS ENSURE PARTICIPANTS' NEEDS ARE MET BY PROVIDING CRITICAL, LIFE-ENHANCING CASE

Name of the organization DOROT, INC.	Employer identification number 13-3264005
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ASSISTANCE. WE DELIVER EMERGENCY MEALS UPON DISCHARGE FROM THE HOSPITAL OR THE UNEXPECTED ABSENCE OF A CAREGIVER. FESTIVE HOLIDAY MEALS ARE ALSO PROVIDED. VOLUNTEERS OF ALL AGES CREATE HANDMADE CARDS TO SEND TO OLDER ADULTS TO CELEBRATE THEIR BIRTHDAYS AND HOLIDAYS.
EXPENSES \$ 1,141,147. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM IS DISTRIBUTED TO THE BOARD AND REVIEWED BY THE EXECUTIVE DIRECTOR, THE CHIEF FINANCIAL OFFICER, AND THE CONTROLLER, AS WELL AS TREASURER, CHAIR OF AUDIT COMMITTEE, AND PRESIDENT OF THE BOARD BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE AN ANNUAL FORM AND DISCLOSE POSSIBLE CONFLICTS OF INTEREST. THESE ARE THEN DISCLOSED TO THE FULL BOARD.

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

THE EXECUTIVE COMMITTEE SETS THE EXECUTIVE DIRECTOR'S COMPENSATION BY REVIEWING PERFORMANCE AND DATA PROVIDED BY OUTSIDE COMPENSATION STUDIES. THE EXECUTIVE COMMITTEE REVIEWS SALARY STUDIES DETAILING COMPARABLE POSITIONS. THE EXECUTIVE COMMITTEE ALSO REVIEWS INFORMATION ON INDUSTRY PERCENT SALARY INCREASES. THE COMPENSATION OF KEY EMPLOYEES IS SET THROUGH COMPARABILITY DATA AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, CT, DC, FL, IL, KS, MD, MA, MN, NH, NJ, NY, NC, OH, OR, PA, RI, SC, VA, WA

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization DOROT, INC.	Employer identification number 13-3264005
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THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC. THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THEIR WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	1,219,599.
MANAGEMENT AND GENERAL EXPENSES	65,606.
FUNDRAISING EXPENSES	180,921.
TOTAL EXPENSES	1,466,126.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,466,126.