

**CHAR500  
Online**For new annual filings,  
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General  
Charities Bureau - Registration Section  
28 Liberty Street  
New York, NY 10005  
[charitiesnys.com](http://charitiesnys.com)**Open to Public  
Inspection**

Filing Type:

☒ New Filing☐ AmendmentFiling Year: 2022**General Information**

Current Organization Name:	<u>DOROT, Inc.</u>	Updated Name:	<u>N/A</u>
NY Registration Number:	<u>03-70-35</u>	Registration Category:	<u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN:	<u>133264005</u>
Current Fiscal Year End:	<u>06/30</u>	Updated Fiscal Year End:	<u>N/A</u>
Organization Email:	<u>rchamama@dorotusa.org</u>	Organization's Phone:	<u>212-769-2850</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website:	<u>www.dorotusa.org</u>

**Organization Address**

Mailing Address	Principal Address	NY State Address
171 West 85th Street New York NY 10024 UNITED STATES	171 West 85th Street New York NY 10024 UNITED STATES	NA

**Primary Contact Information**

First Name: Richard Last Name: Chamama Title: Director of Finance  
 Phone: 13477949370 Email: rchamama@dorotusa.org

**Organization Type**

Type of IRS document filed with IRS: IRS990 Organization Type: Public

**Third Party Preparer Information**

First Name: N/A Last Name: N/A Title: N/A  
 Firm Name: N/A Phone: N/A Email: N/A

**Third Party Address**

Street: N/A  
 City: N/A State: N/A  
 Zip: N/A Country: N/A

### Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but is **not limited to**, maintaining an office, having employees or staff, or running a program.  
☒ Yes   ☐ No
2. Does the organization have assets in New York State?  
☒ Yes   ☐ No
3. Is the organization incorporated or formed in New York State?  
☒ Yes   ☐ No
4. Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?  
☒ Yes   ☐ No
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities?  
☒ Yes   ☐ No
6. Does the organization use a professional fundraiser or fundraising counsel?  
☒ Yes   ☐ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

### Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
☒ Yes   ☐ No
3. Choose the total contributions in New York State this fiscal year:    \$1,000,000-\$4,999,999

### Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  
☐ Yes   ☐ No   N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
☐ Yes   ☐ No   N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  
☐ Yes   ☒ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.



**Financial Information**

Type of IRS document filed with IRS IRS990 Organization's total revenue: 8,151,409

Organization's total contributions: 9,431,979 Organization's total assets: N/A

Organization's net assets: 2,812,873 Organization's total revenue and contributions: N/A

Organization's total liabilities: N/A Organization's total assets/worth: N/A

Organization's total income: N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

Is this your final filing with New York State? ☐ Yes ☐ No N/A

**Filing Information**

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

☒ Yes ☐ No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>Sanky Communications</u> Type: <u>Fund Raiser Counsel</u> Reg Number: _____ Contract Start: <u>06/13/2022</u> Contract End: <u>06/30/2024</u> Amount Paid: <u>\$223,696.00</u> Phone : <u>19174413752</u> Mailing Address: <u>171 West 85th Street null</u> <u>New York</u> <u>NY-10024</u> <u>United States</u>	Develop fundraising goals, strategy and budget projections with up to 2 rounds of budget revisions; . Develop project schedule for implementation; o Develop campaign briefs includinB timelines, themes	The annual fee for the above consulting services will be \$99,240. This will be payable to Sanky Communications, Inc in monthly installments of \$8,285, commencing on July 1, 2022 If DOROT requires a si
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Did the organization receive government grants during this fiscal year?

☒ Yes ☐ No

Government Grant Agency	Grant Amount
NYS Office for the Aging	\$100,000.00
Westchester County Dept. of Senior Programs and Ser	\$73,516.00
Americorps	\$73,312.00
NYC Dept. for the Agind	\$30,000.00
N/A	N/A

## Documents

Attached organization's required documents:

- ☒ IRS document
- ☒ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

## Signatures

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

Role	First Name	Last Name	Email
Executive Director	Mark	Meridy	mmeridy@dorotusa.org
Chief Financial Officer	Dorothy	Heilmer	dhellmer@dorotusa.org

Signature of  
Executive Director

DocuSigned by:  
*Mark Meridy*  
69D46F350349407...

Date: 4/18/2024

Signature of  
Chief Financial Officer

DocuSigned by:  
*Dorothy Heilmer*  
D410D77A2D6548C...

Date: 4/17/2024