## Form 990-PF

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

		idar year 2022 or tax year beginning	, 202	2, and e	ending		, 20
Nam	e of fou	ndation			A Employe	er identification numbe	er
DO	RER (	COMMUNITY SERVICE FOUNDATION INC			87-38	853277	
Num	ber and	street (or P.O. box number if mail is not delivered to street address)	Room	n/suite	<b>B</b> Telephor	ne number (see instruct	ions)
26	BEA:	LS STREET			61723	329133	
City	or town,	, state or province, country, and ZIP or foreign postal code	<u>'</u>			tion application is pend	ing, check here .
BR	OOKL	INE MA 02446			,		J,
G	Check	all that apply: 🔲 Initial return 🔲 Initial return	of a former public	charity	<b>D</b> 1. Foreign	n organizations, check	here
		☐ Final return ☐ Amended r				n organizations meeting	_
		☐ Address change ☐ Name char	nge		_	here and attach compu	· _
Н	Check	type of organization: X Section 501(c)(3) exempt p	rivate foundation			foundation status was	_
		on 4947(a)(1) nonexempt charitable trust		dation	section 5	07(b)(1)(A), check here	
Ī	Fair m	narket value of all assets at   J   Accounting method	: 🗷 Cash 🗌 A	ccrual	E If the few	ndation is in a 60-mont	h termination
	end of	f year (from Part II, col. (c),			under se	ction 507(b)(1)(B), chec	k here
	line 16		e on cash basis.)				
Pá	art l		(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books	<b></b>			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	4,000.				
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities		1			
	5a	Gross rents					
	b	Net rental income or (loss)					
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
ě	7	Capital gain net income (from Part IV, line 2) .					
ď	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	4,000.				
S	13	Compensation of officers, directors, trustees, etc.					
penses	14	Other employee salaries and wages					
eu	15	Pension plans, employee benefits					
Exp	16a	Legal fees (attach schedule)					
	b	Accounting fees (attach schedule)	965.				965.
Ě.	С	Other professional fees (attach schedule)					
Operating and Administrative	17	Interest					
is	18	Taxes (attach schedule) (see instructions)					
Ξį	19	Depreciation (attach schedule) and depletion					
₫	20	Occupancy					
γp	21	Travel, conferences, and meetings					
an	22	Printing and publications					
Эg	23	Other expenses (attach schedule) See Stmt	1,705.				1,705.
ati	24	Total operating and administrative expenses.					
ē		Add lines 13 through 23	2 <b>,</b> 670.				2,670.
Q	25	Contributions, gifts, grants paid					
_	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	2,670.				2,670.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	1,330.				
	b	Net investment income (if negative, enter -0-)					
	С	Adjusted net income (if negative, enter -0-)					

Page **2** 

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	700.	2,030.	2,030.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	700.	2,030.	2,030.
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	*		
<u>-ia</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
alances		Foundations that follow FASB ASC 958, check here			
2		and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions			
Ã	25	Net assets with donor restrictions			
P		Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund B		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
sse	28	Retained earnings, accumulated income, endowment, or other funds	700.	2,030.	
ĕ	29	Total net assets or fund balances (see instructions)	700.	2,030.	
let	30	Total liabilities and net assets/fund balances (see			
		instructions)	700.	2,030.	
	I <b>rt III</b>	Analysis of Changes in Net Assets or Fund Balances at net assets or fund balances at beginning of year—Part II, colu	mn (a) line 20 (mus	et agree with	Ī
•		of year erant if, column data lices at beginning of year — Part II, column are assets or fund balances at beginning of year — Part II, column are assets or fund balances at beginning of year — Part II, column are assets or fund balances at beginning of year — Part II, column are assets or fund balances at beginning of year — Part II, column are assets or fund balances at beginning of year — Part II, column are assets or fund balances at beginning of year — Part II, column are assets or fund balances at beginning of year — Part III, column are assets at beginning of year — Part III, column are assets at beginning of year — Part III, column are assets at beginning of year — Part III, column are assets at beginning of year — Part III, column are assets at beginning of year are assets at beginning or year.			700.
2		er amount from Part I, line 27a			
3	. ∟iite ! Otha	er increases not included in line 2 (itemize)		3	1,330.
4	. Δdd	I lines 1, 2, and 3		4	2,030.
5	_			l <u> </u>	2,000.
6	Tota	reases not included in line 2 (itemize) al net assets or fund balances at end of year (line 4 minus line 5)—	 Part II, column (b), li	ne 29 <b>6</b>	2,030.

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Part	V Capital Gains an	d Losses for Tax on Investn	nent Income			
		ind(s) of property sold (for example, real e use; or common stock, 200 shs. MLC Co.		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
c						
d						
<u>       e                             </u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) (f) minus (g))
a						
<u> </u>						
c						
d						
e						
	Complete only for assets she	owing gain in column (h) and owned	Ι .			ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any		ot less than -0-) <b>or</b> (from col. (h))
a						
b				<u> </u>		
C						
d			//////			
e			L			
2	Capital gain net income of		also enter in Pa , enter -0- in Par		2	
3	Net short-term capital ga	in or (loss) as defined in sections	s 122 <b>2</b> (5) and (6)	:		
	If gain, also enter in Pari	t I, line 8, column (c). See instru	ictions. If (loss)	, enter -0- in (		
	Part I, line 8			5	3	
Part	V Excise Tax Base	d on Investment Income (Se	ection 4940(a).	, 4940(b), or 49	948—see instru	ıctions)
1a	Exempt operating foundation	ons described in section 494 <b>0(d)</b> (2)	, <b>check</b> here 🔲	and enter "N/A"	on line 1.	
	Date of ruling or determinat		copy of letter if n			1
b		dations enter 1.39% (0.0139) of	line 27b. Exem	ıpt foreign orga	nizations,	
	enter 4% (0.04) of Part I,	· · · · · · · · · · · · · · · · · · ·	////		· · · / 💹	
2	Tax under section 511 (do	omestic section 4947(a)(1) trusts a	ind taxable found	lations only; othe	ers, enter -0-)	2
3	Add lines 1 and 2				· · · · · —	0.
4		omestic section 4947(a)(1) trusts a		-		1
5		n <b>t income.</b> Subtract line 4 from l	line 3. If zero or I	ess, enter -0		5 0.
6	Credits/Payments:			1 - 1		
а	· ·	nents and 2021 overpayment cre		6a		
b		ions—tax withheld at source .				
C		for extension of time to file (For	•			
_d	Backup withholding error	•				
7						
8		derpayment of estimated tax. Ch				3
9		es 5 and 8 is more than line 7, e			· · · · · —	0.
10	• •	more than the total of lines 5 an	•	•		0.
11	Enter the amount of line 1	0 to be: Credited to 2023 estim	iated tax	R	efunded · 1	1

Part	VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the **ear** # "Yes," complete Part II, col. (c), and Part XIV	7	00000000000	×
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G., attach explanation	8b	**********	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes,"			
40	complete Part XIII	9	×	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			.,
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	10		×
••	meaning of section 512(b)(13)? If "Yes, attach schedule. See instructions	44		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		
12	person had advisory privileges? If "Yes," attach statement. See instructions	40		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	×	
13	Website address DORERFOUNDATION.ORG	13	^	
14	The heady are in core of DAVID T. DODED.	0_013		
	Located at 26 BEALS STDEET RPOOKLINE MA 7IP±4 02446	. 710		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	. 50	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
		E00000000000	2000000000000	

	90-11 (2022)			rage <b>J</b>
Par	t VI-B Statements Regarding Activities for Which Form 4720 May Be Required	Personance Control		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	y , , ( ( ,			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		×
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		×
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		×
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		×
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)		×
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)		×
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in	Ιαίο		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2022?	1d		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		×
	If "Yes," list the years 20, 20, 20, 20			
b				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.  20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	За		×
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2022?	4b		×
BAA	REV 04/29/23 PRO F	orm <b>99</b>	U-PF	(2022)

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Par	Statements Regarding Activities	S TOP W	nich Form	4/20	мау ве г	equire	<b>-u</b> (conunueu)			
5a	During the year, did the foundation pay or incur	any am	ount to:						Yes	No
	(1) Carry on propaganda, or otherwise attempt							5a(1)		×
	(2) Influence the outcome of any specific pul	olic elec	ction (see se	ection 4	4955); or 1	o carry	on, directly or			
	indirectly, any voter registration drive?							5a(2)		×
	(3) Provide a grant to an individual for travel, stu	idy, or d	other similar	purpose	es?			5a(3)		×
	(4) Provide a grant to an organization other than	n a cha	ritable, etc.,	organiz	ation desc	ribed ir	section 4945(d)			
	(4)(A)? See instructions							5a(4)		×
	(5) Provide for any purpose other than religious the prevention of cruelty to children or anima							5a(5)		×
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the in Regulations section 53.4945 or in a current no							5b		
С	Organizations relying on a current notice regard	ng disa	ster assistan	ce, che	ck here		🗆			
d	If the answer is "Yes" to question 5a(4), doe maintained expenditure responsibility for the gra	s the f	oundation cl	aim ex	emption fr			5d		
6a	If "Yes," attach the statement required by Regul Did the foundation, during the year, receive any benefit contract?					remiun	ns on a personal	6a		×
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indire	ctly, on	a persona	benefi	t contract? .	6b		×
7a	At any time during the tax year, was the foundation	a partv	to a prohibit	ed tax s	helter trans	action?		7a		×
b	If "Yes," did the foundation receive any proceed							7b		
8	Is the foundation subject to the section 4960 ta									
	excess parachute payment(s) during the year?.							8	***********	000000000000000000000000000000000000000
Par	t VII Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Man	agers,	Highly Paid Er	mploy	ees,	
	and Contractors									
1	List all officers, directors, trustees, and found		***************************************	******		ation. S	See instructions			
1	List all officers, directors, trustees, and found (a) Name and address	(b) Title	nanagers ar e, and average rs per week ed to position	(c) Co (lf r	compens mpensation not paid, ter -0-)	(d) empl	See instructions Contributions to byee benefit plans erred compensation	<b>(e)</b> Expe	ense ac allowar	
		(b) Title hou devot	e, and average rs per week ed to position	(c) Co (lf r	mpensation not paid,	(d) empl	Contributions to byee benefit plans	<b>(e)</b> Expe		
DAV	(a) Name and address	(b) Title hou devot	e, and average rs per week ed to position	(c) Co (lf r	mpensation not paid,	(d) empl	Contributions to byee benefit plans	<b>(e)</b> Expe		
DAV 26 JOH	(a) Name and address	(b) Title hou devot	e, and average rs per week ed to position	(c) Co (lf r	mpensation not paid, ter -0-)	(d) empl	Contributions to byee benefit plans	<b>(e)</b> Expe		
DAV 26 JOH 21	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT	(b) Title hou devot	e, and average rs per week ed to position EDENI 4, 00 SURER 2, 00	(c) Co (lf r	mpensation not paid, tter -0-)	(d) empl	Contributions to byee benefit plans	<b>(e)</b> Expe		
DAV 26 JOH 21	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446	(b) Title hou devot PRES	e, and average rs per week ed to position EDENI 4, 00 SURER 2, 00	(c) Co (lf r	mpensation not paid, tter -0-)	(d) empl	Contributions to byee benefit plans	<b>(e)</b> Expe		
DAV 26 JOH 21	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE	(b) Title hou devot PRES	a, and average rs per week ed to position  10 ENT  4, 00  SURER  2, 00	(c) Co (lf r	mpensation not paid, ter -0-)	(d) empl	Contributions to byee benefit plans	<b>(e)</b> Expe		
DAV 26 JOH 21	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE	(b) Title hou devot PRES TREA:	a, and average rs per week ed to position  EDENT  4.00  SURER  2.00	(c) Co (lf r en	on pensation not paid, tter -0-)  0.  0.	(d) empl and def	Contributions to byee benefit plans erred compensation	(e) Expe	allowar	nces
DAV 26 JOH 21 COL 31	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE  WEYBRIDGE ROAD BROOKLINE MA 02445  Compensation of five highest-paid employe	(b) Title hou devole PRES TREA: CLERI	a, and average rs per week ed to position  EDENT  4.00  SURER  2.00	se inclusives	on pensation not paid, tter -0-)  0.  0.	(d) empl and def	Contributions to byee benefit plans erred compensation	(e) Experiments of the other	one,	enter
DAV 26 JOH 21 COL 31	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE  WEYBRIDGE ROAD BROOKLINE MA 02445  Compensation of five highest-paid employe "NONE."	(b) Title hou devole PRES TREA: CLERI	e, and average is per week ad to position in the position in t	se inclusives	0. 0. uded on li	(d) empl and def	contributions to byee benefit plans erred compensation  see instructions  (d) Contributions to employee benefit plans and deferred	(e) Experiments of the other	one,	enter
DAV 26 JOH 21 COL 31	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE  WEYBRIDGE ROAD BROOKLINE MA 02445  Compensation of five highest-paid employe "NONE."	(b) Title hou devole PRES TREA: CLERI	e, and average is per week ad to position in the position in t	se inclusives	0. 0. uded on li	(d) empl and def	contributions to byee benefit plans erred compensation  see instructions  (d) Contributions to employee benefit plans and deferred	(e) Experiments of the other	one,	enter
DAV 26 JOH 21 COL 31	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE  WEYBRIDGE ROAD BROOKLINE MA 02445  Compensation of five highest-paid employe "NONE."	(b) Title hou devole PRES TREA: CLERI	e, and average is per week ad to position in the position in t	se inclusives	0. 0. uded on li	(d) empl and def	contributions to byee benefit plans erred compensation  see instructions  (d) Contributions to employee benefit plans and deferred	(e) Experiments of the other	one,	enter
DAV 26 JOH 21 COL 31	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE  WEYBRIDGE ROAD BROOKLINE MA 02445  Compensation of five highest-paid employe "NONE."	(b) Title hou devole PRES TREA: CLERI	e, and average is per week ad to position in the position in t	se inclusives	0. 0. uded on li	(d) empl and def	contributions to byee benefit plans erred compensation  see instructions  (d) Contributions to employee benefit plans and deferred	(e) Experiments of the other	one,	enter
DAV 26 JOH 21 COL 31	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE  WEYBRIDGE ROAD BROOKLINE MA 02445  Compensation of five highest-paid employe "NONE."	(b) Title hou devole PRES TREA: CLERI	e, and average is per week ad to position in the position in t	se inclusives	0. 0. uded on li	(d) empl and def	contributions to byee benefit plans erred compensation  see instructions  (d) Contributions to employee benefit plans and deferred	(e) Experiments of the other	one,	enter
DAV 26 JOH 21 COL 31	(a) Name and address  ID J. DORER  BEALS STREET BROOKLINE MA 02446  N P. HEBERT  AUBURN STREET BROOKLINE MA 02446  IN R. MCARDLE  WEYBRIDGE ROAD BROOKLINE MA 02445  Compensation of five highest-paid employe "NONE."	(b) Title hou devole PRES TREA: CLERI	e, and average is per week ad to position in the position in t	se inclusives	0. 0. uded on li	(d) empl and def	contributions to byee benefit plans erred compensation  see instructions  (d) Contributions to employee benefit plans and deferred	(e) Experiments of the other	one,	enter

<ul> <li>and Contractors (continued)</li> <li>Five highest-paid independent contractors for professional services. See instructions. If non-</li> </ul>	o optor "NONE "
(a) Name and address of each person paid more than \$50,000 (b) Type of se	·
NONE (2,7), post-	(0,000)
1101101	
Total number of others receiving over \$50,000 for professional services	0
Part VIII-A Summary of Direct Charitable Activities	•
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such a	as the number of Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CONSULTATION FOR ELEANORE B RAINEY MEMORIAL INSTITUTE, CLEVELAND OH ANALYZED CE	NSUS DATA
AND WROTE REPORT TO PLAN AND EVALUATE PROGRAMS. RAINEY PROVIDES ARTS PROGRAMS TO	
APPROXIMATELY 2,500 K-12 CHILDREN, 210 HOURS WERE SPENT CONSULTING WITH A FMV OF	\$52,500.
2 RESEARCH PRELIMINARY TO WRITING A RESEARCH PROPOSAL FOR A CAMBR	IDGE MA
501(C)(3) THAT SERVES THE LOCAL HOMELESS POPULATION OF ABOUT 380	
RESIDENTS. 75 HOURS WERE SPENT WITH A FMV OF \$18,500.	0.
3 CONSULTATION FOR HARTFORD STREET PRESBYTERIAN CHURCH IN NATICK, MA. ST	
ANALYSIS OF AMERICAN COMMUNITY SERVICE DATA TO CHARACTERIZE DEMOGRAPHIC	
SURROUNDING COMMUNITIES. 61 HOURS WERE SPENT SUSULTING WITH A FMV OF \$	
4 TOWN OF BROOKLINE SENIOR CENTER, ANALYSIS OF AMERICAN COMMUNITY SURVEY	
EVALUATE DEMOGRAPHICS OF SENIORS IN BROOKLINE, POPULATION SERVICED IS	
RESIDENTS. 88 HOURS WERE SPENT CONSULTING WITH A FMV OF \$22,000.	0.
Part VIII-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the lax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total Add lines 1 through 3	

Page 8 Form 990-PF (2022)

	00-11 (2022)		rage <b>0</b>
Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign four	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,077.
С	Fair market value of all other assets (see instructions)	1c	0.
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,077.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,077.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	1,077.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	0.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	0.
Part	0/( )	oundati	ons
	and certain foreign organizations, check here 🗵 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2022 from Part V, line 5	_	
b	Income tax for 2022. (This does not include the tax from Part V.)	_	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line #	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	
Part	XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part II, column (d), line 26	1a	2,670.
b	Program-related investments—total from Part VIII B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	2,670.

Part	XII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2021	<b>(c)</b> 2021	<b>(d)</b> 2022
1	Distributable amount for 2022 from Part X, line 7				
2	Undistributed income, if any, as of the end of 2022:				
а	Enter amount for 2021 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2022:				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2022 from Part XI,				
	line 4: \$ 2,670.				
а	Applied to 2021, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2022 distributable amount				2 <b>,</b> 670.
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2022	.0000			
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	8.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount-see instructions		0.		
е	Undistributed income for 2021. Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions			0.	
f	Undistributed income for 2022. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2023				_
					0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions).	_			
•		0.			
9	Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	_			
40		0.			
10	Analysis of line 9:  Excess from 2018 0.				
a	Execution Editor 1 1 1 1				
b	Excess from 2019 0 . Excess from 2020 0 .				
С					
d	Excess from 2021 0 . Excess from 2022 0 .				
е	Excess from 2022	l			

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

Part XIV Supplementary Information (continued)

3	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a	Paid during the year				
	Total			3a	
	Approved for future payment				
	Total			3b	

Page **12** 

BAA

		V-A Analysis of Income-Producing Ac			I <u> </u>		Γ
Ente	er gro	oss amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by sect	ion 512, 513, or 514	( <del>c</del> )
1	Pro	gram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exemp function income (See instructions.)
	а						
	b						
	С						
	d						
	е						
	f						
	g	Fees and contracts from government agencies					
2	_	mbership dues and assessments					
3		rest on savings and temporary cash investments					
4		idends and interest from securities					
5	Net	rental income or (loss) from real estate:					
	а	Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8	Gai	n or (loss) from sales of assets other than inventory		700			
9		income or (loss) from special events					
10	Gro	oss profit or (loss) from sales of inventory					
11		ner revenue: a					
	b						
	С						
	d						
	е						
		ototal. Add columns (b), (d), and (e)					
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	
		ksheet in line 13 instructions to verify calculation		× ×			
		V-B Relationship of Activities to the A	<del>*************************************</del>	-	•		
Lin	e No	of the foundation's exempt purposes (other than	n b <b>y providing f</b> ui	ds for such purpo	XV-A contribute oses). (See instru	d importantly to th ctions.)	e accomplishmen
1		CONSULTATIONS TO 501(C) (3) ORG	ANIZATIONS	ı			
2		CONSULTATIONS TO GOVERNMENT EN	TITIES				
		+					
		+					
		+					
		1					

01111 00	11 (2022)	<u>'</u>	age I
Part	Organizations		•
1	Did the organization directly or indirectly engage in any of the following with any other organization descri	oed Yes	No

1	Did tl	he organization c	directly or indirectly e	engage i	n any of the fo	ollowin	g with an	y other orga	anization de	escribed		162	NO
	in se	ection 501(c) (o	other than section	501(c)(3	) organization	ns) or	in secti	on 527, re	elating to	political			
		nizations?		. , ,	. •	•			Ū	•			
а	_		porting foundation to	a noncl	haritable exen	not oro	anization	of:					
-		ash	Jorning Todinadilon to	a nonoi	nanasio exem	ipt oig	amzanon	01.			1a(1)	**********	
	٠,												×
_		ther assets									1a(2)	************	×
b	-	r transactions:											
			a noncharitable exe								1b(1)		×
	(2) P	urchases of asse	ets from a noncharita	ble exer	mpt organizati	on .					1b(2)		×
	(3) R	ental of facilities,	, equipment, or other	assets							1b(3)		×
			rrangements								1b(4)		×
		oans or loan gua									1b(5)		×
		_	ervices or membersh								1b(6)		×
_					_						1c		×
		-	quipment, mailing lis				-					· · · · · ·	
d			of the above is "Yes										
			ther assets, or service										
			on or sharing arrange										
(a) Line	no. (	<b>(b)</b> Amount involved	(c) Name of nonch	aritable ex	cempt organization	1	(d).Desc	ription of transf	ers, transaction	ons, and sha	ring arra	angeme	ents
							****						
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<b>2</b> a			ectly or indirectly af 501(c) (other than sec								☐ Ye		l Na
h			e following schedule.	enon ou	(Lights) Of III Se	CHOIT	321! .				1e	;5 <u>^</u>	INO
D	II TE	<u>'</u>		~~~	# T		I						
		(a) Name of organ	ization		(b) Type of orga	nization			(c) Descripti	on of relation	nship		
			declare that I have examined							f my knowled	ge and b	elief, it i	is true,
Sign	corre	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								29 discu	ee thie	return	
lere	Ι .т	ohn Heber	05/10/2023 TRE.			with the			with the pr	IRS discuss this return preparer shown below?			
1616	l —	ature of officer or trus		Date TREASURER Title					See instruc	ctions.	Yes	□No	
	1 2.9"	Print/Type preparer		Prepare	er's signature			Date			PTIN		
Paid		1 2		Topare	s. s dignature				Che	ck 💹 if			0
repa	arer		JRSTEIN, CPA					05/12/2		employed I			8
Jse (		Firm's name DO	OUG J. MURSTEIN	N, CPA	A & ASSOCI	ATES	, INC.		Firm's EIN	45-43			
		Firm's address 251 HARVARD STREET, SUITE 18 BROOKLINE MA 02446   Phone no. (617)505											
			<del></del>		REV 04/29/23 P	BO	· <del></del>			Fo	orm <b>99</b>	0-PF	(2022)

#### DORER COMMUNITY SERVICE FOUNDATION INC

87-3853277

#### Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Continu	intion	Statement	ŀ
COHUII	ualiuii	Statement	L

Name and Address Information	Form Information	Submission Information	Restrictions
DAVID J. DORER	LETTER OR EMAIL		TO RECEIVE
26 BEALS STREET			CONSULTING
BROOKLINE, MA 02446	LETTER OR EMAIL		SERVICES, GRANTEE / CLIENT ORGANIZATION MUST BE A 501(C)(3)
			NONPROFIT OR GOVERNMENT ENTITY

# Additional Information From Form 990-PF: Return of Private Foundation

# Form 990-PF: Return of Private Foundation

Other Expenses

**Continuation Statement** 

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
BANK FEES	29.			29.
OFFICE EXPENSES	354.			354.
PERMITS & FEES	884.			884.
POSTAGE & SHIPPING	20.			20.
WEBSITE HOSTING & MAINTENANCE	418.			418.
Total	1,705.			1,705.

Form 990-PF: Return of Private Foundation

Part X, Line 4, Cash Deemed Held For Charitable Activities

**Explanation Statement** 

#### **Cash Deemed Charitable**

\$1,077 IS THE MINIMUM BALANCE NEEDED FOR ANTICIPATED ADMINISTRATIVE EXPENSES RELATED TO CHARITABLE ACTIVITIES.

Name DORER COMMUNITY SERVICE FOUNDATION INC	Identification Number 87-3853277
PART VIII SUMMARY OF DIRECT CHARITABLE ACTIVITIES (CONT	INUED)
5. RESEARCH PRELIMINARY TO DEVELOPING RESEARCH PROPOSALS MA DEPARTMENT OF PUBLIC HEALTH. POPULATION SERVED: 60,000 RESIDENTS. 47 HOURS OF SERVICES WERE SPENT WITH AN APPROXIMATE EXPENSES: \$0	00 BROOKLINE