| 2/12/24, 9:10 AM | https://efile.prosystemfx.com | 1 |
|------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------|
| Product: Exempt Name: Dollar Energy Fund, Inc | Category: | IRS Center: Ogden e-Postmark: 2/12/2024 7:39 AM |
| FEIN: *****2933 | Plan Number: | Notification: |
| Bank Info: Fiscal Year Begin Date: 10/1/2022 IRS Message: | Fiscal Year End Date: 9/30/2023 | eSigned: |

Return Information

| Date | Return ID | Type of Activity | Submission ID | Refund/(Due) | Updated By | eSign Date |
|------------|------------|-------------------------------------------------------|----------------------|--------------|-------------------|---------------|
| 02/12/2024 | 22X:515:V1 | Upload Started | | | Walshak,Jeannette | |
| 02/12/2024 | 22X:515:V1 | Released for Transmission - Validation in Progress | | | Walshak,Jeannette | |
| 02/12/2024 | 22X:515:V1 | Ready to transmit - Validation Complete | | | | |
| 02/12/2024 | 22X:515:V1 | Transmitted to FD | 25570920240430326e15 | | | |
| 02/12/2024 | 22X:515:V1 | Accepted by FD on 2/12/2024 | | | | |

ID Status Date

Status

State/Other

State Category

FBAR BSA ID

FBAR

| | For calendar year 20 | for a Tax Exempt Entity | EP 30 ,2023 | 0000 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Tor outstradi your Lo | Do not send to the IRS. Keep for your records. | | 2022 |
| Department of the Treasury Internal Revenue Service | | Go to www.irs.gov/Form8879TE for the latest inform | 22 | |
| Name of filer | | de le www.isigewreinieererit.com | EIN or SSN | |
| 1274 | ENERGY F | | 25-14 | 142933 |
| Name and title of officer or pe | | | | |
| Name and the or officer or pe | | CHIEF FINANCIAL OFFICER | | |
| Part I Type of | Return and Re | eturn Information | | |
| Form 5330 filers may enter or 10a below, and the amore whichever is applicable, bl | r dollars and cents | are using this Form 8879-TE and enter the applicable amo s. For all other forms, enter whole dollars only. If you chec or the return being filed with this form was blank, then leav -0-). But, if you entered -0- on the return, then enter -0- on | k the box on line 1a, 2a, ve line 1b. 2b. 3b. 4b. 5b | 3a, 4a, 5a, 6a, 7a, 8 . 6b, 7b, 8b, 9b, or 1 |
| than one line in Part I. | N N | b Total revenue, if any (Form 990, Part VIII, column | (A) line 12) | 11-20 324 73 |
| 1a Form 990 check | | b Total revenue, if any (Form 990, Part VIII, column b Total revenue, if any (Form 990-EZ, line 9) | (-y, mic (2) | 2h |
| 2a Form 990-EZ che | | b lotal revenue, if any (Form 990-E2, line 9) b Total tax (Form 1120-POL, line 22) | | |
| 3a Form 1120-POL | r | b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, | | |
| 4a Form 990-PF che | | b Balance due (Form 8868, line 3c) | | |
| 5a Form 8868 check | NO. 2. 3 | b Total tax (Form 990-T, Part III, line 4) | | |
| 6a Form 990-T chec | 1000000000 | b Total tax (Form 4720, Part III, line 1) | | |
| 7a Form 4720 check | | b Fotal tax (Form 4720, Part III, Inte 1) b FMV of assets at end of tax year (Form 5227, Ite | | 8b |
| 8a Form 5227 check | 105 | b Tax due (Form 5330, Part II, line 19) | m <i>U</i>) | 9b |
| 9a Form 5330 check | | b Amount of credit payment requested (Form 803 | 8-CP Part III line 22) | 10b |
| 10a Form 8038-CP ch | heck here | ature Authorization of Officer or Person Sub | ect to Tax | 100 |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business daws | e that the amount der, transmitter, o ipt or reason for re- e, I authorize the L ution account ind it the entry to this o prior to the paym | ichedules and statements, and, to the best of my knowled in Part I above is the amount shown on the copy of the el or electronic return originator (ERO) to send the return to the ejection of the transmission, (b) the reason for any delay i J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the fi account. To revoke a payment, I must contact the U.S. T enent (settlement) date. I also authorize the financial institut | ectronic return. I consent ne IRS and to receive from in processing the return or an electronic funds with rederal taxes owed on this reasury Financial Agent at tions involved in the proce | to allow my in the IRS (a) an r refund, and (c) the drawal (direct debit) is return, and the t 1-888-353-4537 no assing of the electron |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days neument of taxes to receiv | that the amount der, transmitter, o ipt or reason for re, l authorize the U ution account ind it the entry to this s prior to the paym | in Part I above is the amount shown on the copy of the el r electronic return originator (ERO) to send the return to th ejection of the transmission, (b) the reason for any delay in J.S. Treasury and its designated Financial Agent to initiate inated in the tax preparation software for payment of the fil | ectronic return. I consent ne IRS and to receive from in processing the return oo a an electronic funds withor ederal taxes owed on this reasury Financial Agent at tions involved in the process related to the payment. I | to allow my in the IRS (a) an r refund, and (c) the drawal (direct debit) is return, and the t 1-888-353-4537 no essing of the electron have selected a |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only | e that the amount der, transmitter, o ipt or reason for me e, I authorize the L ution account ind it the entry to this s prior to the paym we confidential info mber (PIN) as my s | in Part I above is the amount shown on the copy of the el or electronic return originator (ERO) to send the return to the ejection of the transmission, (b) the reason for any delay i J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the f account. To revoke a payment, I must contact the U.S. T nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co | ectronic return. I consent the IRS and to receive from in processing the return oo an electronic funds with reasury Financial Agent at tions involved in the proce related to the payment. I ponsent to electronic funds | to allow my the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no ressing of the electron have selected a withdrawal. |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur | e that the amount der, transmitter, o ipt or reason for me e, I authorize the L ution account ind it the entry to this s prior to the paym we confidential info mber (PIN) as my s | in Part I above is the amount shown on the copy of the el or electronic return originator (ERO) to send the return to th ejection of the transmission, (b) the reason for any delay J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the fi- account. To revoke a payment, I must contact the U.S. T nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co SEL, CPA'S | ectronic return. I consent ne IRS and to receive from in processing the return oo a an electronic funds withor ederal taxes owed on this reasury Financial Agent at tions involved in the process related to the payment. I | to allow my in the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no resing of the electron have selected a withdrawal. PIN 00647 |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only | e that the amount der, transmitter, o ipt or reason for me e, I authorize the L ution account ind it the entry to this s prior to the paym we confidential info mber (PIN) as my s | in Part I above is the amount shown on the copy of the el or electronic return originator (ERO) to send the return to the ejection of the transmission, (b) the reason for any delay i J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the f account. To revoke a payment, I must contact the U.S. T nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co | ectronic return. I consent the IRS and to receive from in processing the return oo an electronic funds with reasury Financial Agent at tions involved in the proce related to the payment. I ponsent to electronic funds | to allow my the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no ressing of the electron have selected a withdrawal. |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receive personal identification nur PIN: check one box only I authorize MA as my signature with a state age on the return's of As an officer or return. If I have IRS Fed/State p | a that the amount der, transmitter, o ipt or reason for ru- ution account ind it the entry to this s prior to the paym ve confidential info mber (PIN) as my s AHER DUESS a on the tax year 2 ency(ies) regulating disclosure consen person subject to indicated within the program, I will-enter | in Part I above is the amount shown on the copy of the el or electronic return originator (ERO) to send the return to the ejection of the transmission, (b) the reason for any delay J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the f account. To revoke a payment, I must contact the U.S. T nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co <u>SEL</u> , <u>CPA'S</u> <u>ERO firm name</u> 2022 electronically filed return. If I have indicated within this g charities as part of the IRS Fed/State program, I also authors | ectronic return. I consent the IRS and to receive from in processing the return of an electronic funds with reasury Financial Agent at itons involved in the proce- srelated to the payment. I onsent to electronic funds to enter my F is return that a copy of the thorize the aforementione gnature on the tax year 20 te agency(ies) regulating of | to allow my the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no sesing of the electron have selected a withdrawal. PIN 00647 Enter five numbers do not enter all ze the return is being filed d ERO to enter my P 022 electronically file charities as part of th |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only I authorize MA as my signature with a state age on the return's of As an officer or return. If I have IRS Fed/State p | a that the amount der, transmitter, o ipt or reason for ru- ution account ind it the entry to this s prior to the paym ve confidential info mber (PIN) as my s AHER DUESS a on the tax year 2 ency(ies) regulating disclosure consen person subject to indicated within the program, I will-enter | in Part I above is the amount shown on the copy of the el r electronic return originator (ERO) to send the return to th J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the f account. To revoke a payment, I must contact the U.S. T nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co SEL, CPA'S ERO firm name 2022 electronically filed return. If I have indicated within this g charities as part of the IRS Fed/State program, I also aurit it screen. t screen. t tax with respect to the entity, I will enter my PIN as my si his return that a copy of the return is being filed with a state or my PIN on the return's disclosure consent screen. | ectronic return. I consent the IRS and to receive from in processing the return of an electronic funds with reasury Financial Agent at itons involved in the proce- srelated to the payment. I onsent to electronic funds to enter my F is return that a copy of the thorize the aforementione gnature on the tax year 20 te agency(ies) regulating of | to allow my the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no sesing of the electron have selected a withdrawal. PIN 00647 Enter five numbers do not enter all ze the return is being filed d ERO to enter my P 022 electronically file |
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| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receib personal identification nur PIN: check one box only I authorize MA as my signature with a state age on the return's of As an officer or return. If I have IRS Fed/State p Signature of officer or person subje Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above nur submitting this return in a | that the amount der, transmitter, o ipt or reason for me e, I authorize the L ution account ind it the entry to this s prior to the payry ve confidential inf mber (PIN) as my s AHER DUESS e on the tax year 2 mcy(ies) regulating disclosure consen person subject to indicated within the orgram, I will enter ation and Authous your six-digit electron y your five-digit se meric entry is my | in Part I above is the amount shown on the copy of the el relectronic return originator (ERO) to send the return to the J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the f account. To revoke a payment, I must contact the U.S. T nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co SEL, CPA'S ERO firm name 1022 electronically filed return. If I have indicated within this g charities as part of the IRS Fed/State program, I also authorize this return that a copy of the return is being filed with a state er my PIN on the return's disclosure consent screen. 10 tax with respect to the entity, I will enter my PIN as my si his return that a copy of the return is being filed with a state er my PIN on the return's disclosure consent screen. 11 firselected PIN. 12 557 10 not PIN, which is my signature on the 2022 electronically filect the requirements of Pub. 4163, Modernized e-File (MeF) In | ectronic return. I consent the IRS and to receive from in processing the return of an electronic funds with reasury Financial Agent at tions involved in the proce- related to the payment. I onsent to electronic funds to enter my F is return that a copy of the thorize the aforementione gnature on the tax year 20 te agency(ies) regulating of Date 70912345 enter all zeros d return indicated above. I formation for Authorized I | to allow my the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no issing of the electron have selected a withdrawal. PIN 00647 Enter five numbers do not enter all ze e return is being filed d ERO to enter my P 022 electronically file charities as part of th e 2 9-2014 confirm that I am RS e-file Providers f |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receive personal identification nur PIN: check one box only I authorize MA as my signature with a state age on the return's of As an officer or return. If I have IRS Fed/State p Signature of officer or person subje Part III Certificat ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above nur submitting this return in an Business Returns. | that the amount der, transmitter, o ipt or reason for me e, I authorize the L ution account ind it the entry to this s prior to the payry ve confidential inf mber (PIN) as my s AHER DUESS e on the tax year 2 mcy(ies) regulating disclosure consen person subject to indicated within the orgram, I will enter ation and Authous your six-digit electron y your five-digit se meric entry is my | in Part I above is the amount shown on the copy of the el relectronic return originator (ERO) to send the return to the J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the f account. To revoke a payment, I must contact the U.S. T nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co SEL, CPA'S ERO firm name 1022 electronically filed return. If I have indicated within this g charities as part of the IRS Fed/State program, I also authorize this return that a copy of the return is being filed with a state er my PIN on the return's disclosure consent screen. 10 tax with respect to the entity, I will enter my PIN as my si his return that a copy of the return is being filed with a state er my PIN on the return's disclosure consent screen. 11 firselected PIN. 12 557 10 not PIN, which is my signature on the 2022 electronically filect the requirements of Pub. 4163, Modernized e-File (MeF) In | ectronic return. I consent the IRS and to receive from in processing the return of an electronic funds with reasury Financial Agent at tions involved in the proce- related to the payment. I onsent to electronic funds to enter my F is return that a copy of the thorize the aforementione gnature on the tax year 20 te agency(ies) regulating of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | to allow my the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no issing of the electron have selected a withdrawal. PIN 00647 Enter five numbers do not enter all ze e return is being filed d ERO to enter my P 022 electronically file charities as part of th e 2 9-2014 confirm that I am RS e-file Providers f |
| complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receib personal identification nur PIN: check one box only I authorize MA as my signature with a state age on the return's of As an officer or return. If I have IRS Fed/State p Signature of officer or person subje Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above nur submitting this return in a | that the amount der, transmitter, o ipt or reason for me e, I authorize the L ution account ind it the entry to this s prior to the payry ve confidential inf mber (PIN) as my s AHER DUESS e on the tax year 2 mcy(ies) regulating disclosure consen person subject to indicated within the orgram, I will enter ation and Authous your six-digit electron y your five-digit se meric entry is my | in Part I above is the amount shown on the copy of the el relectronic return originator (ERO) to send the return to th ejection of the transmission, (b) the reason for any delay J.S. Treasury and its designated Financial Agent to initiate icated in the tax preparation software for payment of the fi- account. To revoke a payment, I must contact the U.S. T- nent (settlement) date. I also authorize the financial institut ormation necessary to answer inquiries and resolve issues signature for the electronic return and, if applicable, the co- SEL, CPA'S ERO firm name 2022 electronically filed return. If I have indicated within this g charities as part of the IRS Fed/State program, I also aut it screen. tax with respect to the entity, I will enter my PIN as my si his return that a copy of the return is being filed with a stater er my PIN on the return's disclosure consent screen. Mentication onic filing identification If-selected PIN. PIN, which is my signature on the 2022 electronically filed | ectronic return. I consent the IRS and to receive from in processing the return of an electronic funds with reasury Financial Agent at tions involved in the proce- related to the payment. I onsent to electronic funds to enter my F is return that a copy of the thorize the aforementione gnature on the tax year 20 te agency(ies) regulating of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | to allow my the IRS (a) an refund, and (c) the drawal (direct debit) return, and the t 1-888-353-4537 no issing of the electron have selected a withdrawal. PIN 00647 Enter five numbers do not enter all ze e return is being filed d ERO to enter my P 022 electronically file charities as part of th e 2 9-2014 confirm that I am RS e-file Providers f |

| | | | ** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From | | OMB No. 1545-0047 | | | | |
|---------------------------|--------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|--|--|--|--|
| For | тy | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (| | 2022 | | | | |
| Dena | rtment | of the Treasurv | Do not enter social security numbers on this form as it may | • | Open to Public | | | | |
| Interi | nal Reve | enue Service | Go to www.irs.gov/Form990 for instructions and the lates | | Inspection | | | | |
| | | | | SEP 30, 2023 | | | | | |
| | beck if pplicab | le: | forganization | D Employer identifica | tion number | | | | |
| | Addre | ge DOLL. | AR ENERGY FUND, INC | | | | | | |
| | Name chang Initial | ge Doing bu | usiness as | 25-144293 | 3 | | | | |
| | returr | Number | and street (or P.O. box if mail is not delivered to street address) Room/su | | | | | | |
| | Final returr termi | n | EAST CARSON WEST TOWER 106 | 412-431-2 | | | | | |
| _ | ated Amer | City or to | own, state or province, country, and ZIP or foreign postal code SBURGH, PA 15219 | G Gross receipts \$ | 22,071,490. | | | | |
| | _returr ⊐Appli | | nd address of principal officer: DANIEL V. CAPONI | H(a) Is this a group retu for subordinates? | | | | | |
| | tion pend | | AS C ABOVE | H(b) Are all subordinates inclu | | | | | |
| 1.1 | | empt status: | | | st. See instructions | | | | |
| | Nebsi | | DOLLARENERGY.ORG | H(c) Group exemption | | | | | |
| | | f organization: | | ear of formation: 1983 | | | | | |
| | art I | Summary | | | | | | | |
| | 1 | | e the organization's mission or most significant activities: TO IMPRO | VE THE OUALITY | OF LIFE | | | | |
| ce | · | | SEHOLDS EXPERIENCING HARDSHIPS BY PROV | | | | | | |
| Governance | 2 | Check this box | | | | | | | |
| ver | 3 | | ting members of the governing body (Part VI, line 1a) | | 13 | | | | |
| ဗိ | 4 | | 12 | | | | | | |
| ళ స | 5 | | lependent voting members of the governing body (Part VI, line 1b) | | 161 | | | | |
| Activities & | 6 | | of volunteers (estimate if necessary) | | 15 | | | | |
| cţi | 7a | | d business revenue from Part VIII, column (C), line 12 | | 13,500. | | | | |
| < | | | business taxable income from Form 990-T, Part I, line 11 | | 0. | | | | |
| | | | | Prior Year | Current Year | | | | |
| đ | 8 | Contributions | and grants (Part VIII, line 1h) | 13,462,192. | 12,063,198. | | | | |
| nu | 9 | Program servio | ce revenue (Part VIII, line 2g) | 9,529,937. | 8,367,652. | | | | |
| Revenue | 10 | Investment inc | come (Part VIII, column (A), lines 3, 4, and 7d) | 194,980. | 83,163. | | | | |
| £ | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -149,954. | -189,279. | | | | |
| | 12 | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 23,037,155. | 20,324,734. | | | | |
| | 13 | Grants and sin | nilar amounts paid (Part IX, column (A), lines 1-3) | 11,957,850. | 13,404,460. | | | | |
| | 14 | Benefits paid t | to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | |
| ŝ | 15 | Salaries, other | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,886,467. | 7,671,538. | | | | |
| u Se | 16a | Professional fu | r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 595,155. | 0. | 0. | | | | |
| Expenses | b | Total fundraisi | ng expenses (Part IX, column (D), line 25) 595, 155. | | | | | | |
| ш | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,942,968. | 3,633,752. | | | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 21,787,285. | 24,709,750. | | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 1,249,870. | -4,385,016. | | | | |
| t Assets or d Balances | | | | Beginning of Current Year | End of Year | | | | |
| sset | 20 | Total assets (F | | 29,721,352. | 28,233,216. | | | | |
| et A | 21 | | (Part X, line 26) | 3,898,716. | 6,347,048. | | | | |
| Ind | art II | | fund balances. Subtract line 21 from line 20 | 25,822,636. | 21,886,168. | | | | |
| | | | | amonto and to the bast of much | nowladge and halisf it is | | | | |
| UIIŰ | ei heu | annes or perjury, i | I declare that I have examined this return, including accompanying schedules and stat | ements, and to the best of My K | iowieuge and bellel, it is | | | | |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | Date | | | |
|-------------|---------------------------------------------------------------------------------|-----------------------------------|------|-------------------------|--|--|--|
| Here | DANIEL V. CAPONI, CHIEF FI | INANCIAL OFFICER | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | | | | |
| Paid | BRIAN T. MCCALL | | | self-employed P01305341 | | | |
| Preparer | Firm's name MAHER DUESSEL, CP. | A'S | | Firm's EIN 25-1622758 | | | |
| Use Only | Firm's address 503 MARTINDALE ST | REET, SUITE 600 | | | | | |
| | PITTSBURGH, PA 15 | 212 | | Phone no. 412-471-5500 | | | |
| May the I | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | |
| 232001 12-1 | 3-22 LHA For Paperwork Reduction Act Notic | e, see the separate instructions. | | Form 990 (2022) | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | Check if Schedule O contains a response or note to any line in this Part III |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE FOR HOUSEHOLDS EXPERIENCING HARDSHIPS |
| | BY PROVIDING UTILITY ASSISTANCE AND OTHER SERVICES THAT LEAD TO |
| | SELF-SUFFICIENCY |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$14,757,706. including grants of \$13,354,108.) (Revenue \$396,980.) |
| | DOLLAR ENERGY FUND, INC. PROVIDES UTILITY ASSISTANCE GRANTS TO |
| | LOW-INCOME HOUSEHOLDS IN THE FORM OF UTILITY COMPANY CREDITS OR CASH |
| | GRANTS FOR ELECTRIC, GAS, WATER, SEWER, AND TELEPHONE UTILITIES. DOLLAR |
| | ENERGY FUND, INC.'S UTILITY ASSISTANCE PROGRAM PROVIDES UTILITY |
| | ASSISTANCE GRANTS IN THE EXACT AMOUNT NEEDED TO RESTORE SERVICE OR |
| | PREVENT TERMINATION OF SERVICE AND IS APPLIED DIRECTLY TO A CUSTOMER'S |
| | ACCOUNT. THROUGH CONNECTING UTILITY CUSTOMERS WITH PARTNERING |
| | COMMUNITY-BASED ORGANIZATIONS AT APPLICATION INTAKE, UTILITY CUSTOMERS |
| | ARE ALSO INTRODUCED TO ADDITIONAL RESOURCES THAT MAY BENEFIT THEIR |
| | HOUSEHOLDS. DURING FISCAL YEAR 2022-2023, DOLLAR ENERGY FUND, INC. |
| | PROVIDED GRANTS TO 40,488 HOUSEHOLDS. |
| | |
| 4b | (Code:) (Expenses \$7,183,606. including grants of \$) (Revenue \$7,856,321.) |
| | DOLLAR ENERGY FUND, INC. PROVIDES LOW-INCOME PROGRAM ADMINISTRATION FOR |
| | FIRST ENERGY (METED, PENELEC, PENN POWER, WEST PENN POWER), PEOPLES |
| | NATURAL GAS, COLUMBIA GAS PENNSYLVANIA, PENNSYLVANIA AMERICAN WATER, |
| | ILLINOIS AMERICAN WATER, OMAHA PUBLIC POWER DISTRICT, NATIONAL FUEL |
| | GAS, COMMUNITY UTILITIES OF PENNSYLVANIA, AQUA WATER, VERIZON, AND THE |
| | WEST VIRGINIA HOUSING DEVELOPMENT FUND. CUSTOMER ASSISTANCE PROGRAMS |
| | (CAPS) ARE DESIGNED TO HELP LOW-INCOME RESIDENTIAL CUSTOMERS MAINTAIN |
| | UTILITY SERVICE. CAPS CAN HELP RESIDENTIAL CUSTOMERS LOWER THEIR MONTHLY UTILITY BILLS, AND MAY ALSO REDUCE OR REMOVE AMOUNTS PAST DUE. |
| | MONTHLI UTILITI BILLS, AND MAI ALSO REDUCE OR REMOVE AMOUNTS PAST DUE. |
| | |
| | |
| 4c | (Code:) (Expenses \$ 96,820. including grants of \$ 50,352.) (Revenue \$ 114,351.) |
| 40 | DOLLAR ENERGY FUND, INC. ADMINISTERS THE APPALACHIAN POWER COMPANY |
| | VIRGINIA (AEP-VA) ENERGY AND EFFICIENCY PILOT PROGRAM. THE PROGRAM |
| | PROVIDES ELIGIBLE AEP-VA CUSTOMERS WITH AN ENERGY EFFICIENCY |
| | EDUCATIONAL PACKET AND ENERGY EFFICIENCY KIT. DURING FISCAL YEAR |
| | 2022-2023, DOLLAR ENERGY FUND, INC. PROVIDED 1,719 ENERGY EFFICIENCY |
| | EDUCATIONAL PACKETS AND ENERGY EFFICIENCY KITS TO AEP-VA CUSTOMERS. |
| | |
| | |
| | |
| | |
| | |
| _ | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 22,038,132. |
| | Form 990 (2022) |
| 23200 | 2 12-13-22 |
| | |
| | |

| 25-144293 | 3 Page 2 |
|-----------|-----------------|
|-----------|-----------------|

| Form 990 (| 2022) | | DOLLAR | ENERGY | FUND, | INC |
|------------|-------|---------|--------------|-------------|----------|------|
| Part III | State | ment of | f Program Se | ervice Acco | omplishm | ents |

_

| Form | 990 | (2022) |
|------|-----|--------|
| | 330 | 120221 |

| | | | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | _ |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | X |
| b | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | <u>_</u> | | v |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | v | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| | complete Schedule G, Part III | 19 | | X X |
| 20a | | 20a | | <u> </u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | <u>.</u> . | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | X |

Form 990 (2022)

| Form | 990 | (2022) |
|------|-----|--------|
| | | |

| | | | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No." go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete | | | |
| | Schedule L. Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| u | | 28a | | x |
| h | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 200 | | |
| Ū | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 50 | • | 30 | | x |
| 31 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | | 32 | | x |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | - 23 |
| 33 | | 22 | | x |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 0.4 | х | |
| 05- | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Λ | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 0.5% | х | |
| ~~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Λ | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 07 | | v |
| 00 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | v | |
| Pa | Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | L |
| rd | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| - | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Form | 990 (2022) DOLLAR ENERGY FUND, INC | 25-1442 | 933 | P | age 5 |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 161 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | X | |
| 3a | | | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | 37 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR). | _ | | v |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | <u>5a</u> | | X X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 0 | | х |
| L | | | <u>6a</u> | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible? | | 6 | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 6b | | |
| 7 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the pover? | 70 | | х |
| a b | | | 7a 7b | | - 23 |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | | | |
| С | to file Form 8282? | | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 7f | | X |
| a | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | , | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | _ | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | - | | |
| С | Enter the amount of reserves on hand | 13c | | | 37 |
| 14a | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | v |
| | excess parachute payment(s) during the year? | | 15 | | X |
| 40 | If "Yes," see the instructions and file Form 4720, Schedule N. | in | 10 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | |
| 17 | If "Yes," complete Form 4720, Schedule O. | tivition | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an avoire tax under section 4951, 4952 or 49532 | | 47 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |

| | Form | 990 | (2022) |) |
|--|------|-----|--------|---|
|--|------|-----|--------|---|

DOLLAR ENERGY FUND, INC

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 |
|---------|-------------------------------------------------------------------------------------------------------------------------------------|---------|---------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a13 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| 600 | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | מא | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed PA, OH, TN, WV, VA, MD, CA, CT, KY | | | |
| 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) a | availat | DIE |
| | 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 | tinanc | al | |
| <u></u> | 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 | | | |

| Part VII | Compensation of Officers, | Directors, Trustees, | Key Employees, | Highest Compensated |
|----------|---------------------------|----------------------|----------------|---------------------|
| | Employees, and Independer | ent 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) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|--------------------------------------------------|------------------------|-------------------------------|------------------------------------------------------------------|---------|--------------|---------------------------------|-----------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | | cer an | dad | irecto | r/trus [.] I | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | trust | | ee | bens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | organizations below | ual tr | tional | | Voldr | st con /ee | _ | 1039-1120) | | organizations |
| | line) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) CHAD QUINN | 40.00 | _ | _ | 0 | - | | - | | | |
| CHIEF EXECUTIVE OFFICER | | | | х | | | | 301,782. | 0. | 39,368. |
| (2) SEAN SMILES | 40.00 | | | | | | | | | |
| CHIEF INFORMATION OFFICER | | | | Х | | | | 196,716. | 0. | 33,064. |
| (3) DAN CAPONI | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | | | | Х | | | | 175,580. | 0. | 31,789. |
| (4) LISA STOEBENER | 40.00 | | | | | | | | | |
| CHIEF HUMAN RESOURCES OFFI | | | | Х | | | | 174,344. | 0. | 29,386. |
| (5) SHAHABUDDIN KAZI | 40.00 | | | | | | | | | |
| CISCO VOIP ENGINEER | | | | | | X | | 138,916. | 0. | 29,374. |
| (6) DAVID BURKHART | 40.00 | | | | | | | | | |
| SYSTEMS ANALYST III | | | | | | X | | 127,099. | 0. | 28,665. |
| (7) CHAD ALVIANI | 40.00 | | | | | | | 110 505 | | 0 - - 0 - 0 |
| CONTROLLER | | | | | | X | | 112,785. | 0. | 27,726. |
| (8) RONALD GIULIANELLI | 0.50 | | | | | | | | 0 | |
| PRESIDENT | | Х | | X | | | | 0. | 0. | 0. |
| (9) KYLE O'CONNOR | 0.50 | | | | | | | • | 0 | |
| VICE PRESIDENT | 0.50 | X | | Х | | | | 0. | 0. | 0. |
| (10) NICK MEDDIS | 0.50 | | | | | | | 0 | 0 | |
| TREASURER | 0.50 | Х | | X | | | | 0. | 0. | 0. |
| (11) JOSEPH OTT | 0.50 | | | 37 | | | | 0 | 0 | |
| PAST PRESIDENT (12) DEBORAH DAVIS | | Х | | X | | | | 0. | 0. | 0. |
| (12) DEBORAH DAVIS UTILITY COMPANY REPRESENTA | 0.50 | x | | | | | | 0. | 0. | 0. |
| (13) TED GOUZA | 0.50 | Δ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 0.30 | x | | | | | | 0. | 0. | 0. |
| (14) REED NATALI | 0.50 | Δ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 0.50 | x | | | | | | 0. | 0. | 0. |
| (15) DOUG PAPA | 0.50 | | | | | | | | | <u></u> |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (16) TERRY PAVLIN | 0.50 | | | | | | | | ••• | |
| DIRECTOR THRU MAY 2023 | | х | | | | | | 0. | Ο. | 0. |
| (17) RACHEL ROMITO | 0.50 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| | • | | | | | • | | | | Farm 990 (0000) |

| Form | 990 | (2022) |
|---------|-----|--------|
| 1 01111 | 000 | (2022) |

| Par | t VII Section A. Officers, Directors, Tr | ustees, Key Em | oloy | ees, | anc | d Hig | ghes | st C | ompensated Employee | s (continued) | | | |
|------|----------------------------------------------|---------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------------|---------------------------------|-------|---------------------|----------|
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| | Name and title | Average | (do | not ch | | ition | | ane | Reportable | Reportable | | Estimate | əd |
| | | hours per | box | , unles | s per | rson i | is both | n an | compensation | compensation | 1 | amount | |
| | | week (list any | | | uau | reciu | | lee) | from | from related | | other | |
| | | hours for | directo | | | | _ | | the organization | organizations (W-2/1099-MIS0 | | compensa from th | |
| | | related | ee or (| stee | | | nsated | | (W-2/1099-MISC/ | 1099-NEC) | , | organizat | - |
| | | organizations | truste | al tru | | yee | ompei | | 1099-NEC) | ·····, | | and relat | |
| | | below | Individual trustee or director | Institutional trustee | Cer | Key employee | Highest compensated employee | ner | | | | organizati | ons |
| | | line) | lndi | Inst | Officer | Key | High | Former | | | | | |
| (18) | ELIZABETH SARACENO | 0.50 | | | | | | | | | | | _ |
| DIRE | | | Х | | | | | | 0. | | 0. | | 0. |
| | ELLEN ROSSI | 0.50 | | | | | | | | | • | | • |
| DIRE | | | Х | | | | | | 0. | | 0. | | 0. |
| | VALERIE WIELOCH | 0.50 | | | | | | | | | • | | • |
| DIRE | | | Х | | | | - | | 0. | | 0. | | 0. |
| | PAUL WOOD | 0.50 | | | | | | | 0 | | ~ | | • |
| DIRE | | | Х | | | | | | 0. | | 0. | | 0. |
| | MICHAEL ZANIC | 0.50 | v | | | | | | 0 | | ^ | | 0 |
| DIRE | CTOR | | Х | | | | <u> </u> | | 0. | | 0. | | 0. |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | $\left \right $ | | | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1h | Subtotal | | | | | | | | 1,227,222. | | 0. | 219,3 | 72. |
| | Total from continuation sheets to Part | | | | | | | | 0. | | 0. | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 1,227,222. | | 0. | 219,3 | |
| 2 | Total number of individuals (including bu | | | | | | | | | | | | |
| | compensation from the organization | | | | | | , | | · , | • | | | 7 |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former offic | er, director, trust | ee, k | key e | mpl | loye | e, or | hig | hest compensated empl | oyee on | | | |
| | line 1a? If "Yes," complete Schedule J fo | r such individual | | | | | | | | - | | 3 | X |
| 4 | For any individual listed on line 1a, is the | | e co | mpe | nsa | tion | and | oth | er compensation from th | ne organization | | | |
| | and related organizations greater than \$ | 50,000? If "Yes, | " со | mple | ete S | Sche | edule | Jf | or such individual | | | 4 X | |
| 5 | Did any person listed on line 1a receive of | or accrue comper | isati | on fr | om | any | unre | elate | ed organization or individ | lual for services | | | |
| | rendered to the organization? If "Yes, " c | omplete Schedule | e J fo | or su | ch į | oers | on . | | | | | 5 | X |
| Sect | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | compensated inc | lepe | nder | nt co | ontra | acto | rs th | nat received more than \$ | 100,000 of compe | ensat | tion from | |
| | the organization. Report compensation f | or the calendar ye | ear e | endin | g w | ith c | or wi | thin | the organization's tax y | ear. | | | |
| | (A) | | | | | | | | (B) | | ~ | (C) | - |
| | Name and busine | ss address | NC | ONE | | | | | Description of s | ervices | 0 | ompensatio | <u>n</u> |
| | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | s (including but n | ot lin | nited | l to i | thos | se lis | ted | above) who received mo | ore than | | | |
| | \$100,000 of compensation from the orga | | | | - | (| | | , | | | | |

| ar | t VIII | | | | .61 | FUND, IN | | | 25-1442 | 933 Ра |
|---------------------------|----------|-----------------------------------------------|-------------|-------------|-----------|---------------------|----------------------|----------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| - | | Check if Schedule O | | | neo | or note to any line | e in this Part VIII | | | |
| | | | 50112 | | 1130 | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclu from tax un sections 512 - |
| 6 | 1 9 | Federated campaigns | | 1a | | 14,407. | | | | |
| unts | | •• • • • • | | | | | | | | |
| moi | | Membership dues Fundraising events | | | | 607,794. | | | | |
| Ā | | – | | | | | | | | |
| and Other Similar Amounts | | Government grants (contr | ributio | | | 90,000. | | | | |
| Sin | | All other contributions, gifts, | | | | | | | | |
| her | • | similar amounts not included | • | | | 11,350,997. | | | | |
| ġ | a | Noncash contributions included in | | | 3 | , , | | | | |
| and | - | Total. Add lines 1a-1f | | | | | 12,063,198. | | | |
| | | | <u></u> | | | Business Code | , , | | | |
| | 2 a | FIRST ENERGY (CAP, N | WARM | , PAYMENT | 2 | 221000 | 4,703,484. | 4,703,484. | | |
| | b | PEOPLES NATURAL GAS, | | | , | 221000 | 1,264,230. | 1,264,230. | | |
| nue | c | COLUMBIA GAS OF PEN | NSYL | VANIA CAN | 2 | 221000 | 688,428. | 688,428. | | |
| eve | d | MYAPP GRANT APPLICA | TION | S | | 221000 | 396,980. | 396,980. | | |
| Revenue | е | PENNSYLVANIA AMERICA | AN W | ATER BILI | <u> </u> | 221000 | 236,887. | 236,887. | | |
| | f | All other program service | rever | nue | | 221000 | 1,077,643. | 1,077,643. | | |
| | | Total. Add lines 2a-2f | | | | | 8,367,652. | | | |
| | 3 | Investment income (includ | | | | | | | | |
| | | other similar amounts) | | | | | 253,426. | | | 253,4 |
| | 4 | Income from investment of | | | | | | | | |
| | 5 | Royalties | <u></u> | | | | | | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | с | Rental income or (loss) | 6c | | | | | | | |
| | d | Net rental income or (loss |) | | | | | | | |
| | 7 a | Gross amount from sales of | | (i) Securit | ies | (ii) Other | | | | |
| | | assets other than inventory | 7a | 1,322,8 | 12. | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| ania | | and sales expenses | 7b | 1,493,0 | 75. | | | | | |
| | с | Gain or (loss) | 7c | -170,2 | 63. | | | | | |
| | d | Net gain or (loss) | | | | | -170,263. | | | -170,2 |
| | 8 a | Gross income from fundraisi | | | | | | | | |
| 5 | | including \$ | 607, | 794. of | | | | | | |
| | | contributions reported on | | , | | | | | | |
| | | Part IV, line 18 | | | <u>8a</u> | 50,143. | | | | |
| | | | | | 8b | 253,681. | | | | |
| | | Net income or (loss) from | | | | | -203,538. | | | -203, |
| | 9 a | Gross income from gamin | - | | | | | | | |
| | | Part IV, line 19 | | | <u>9a</u> | | | | | |
| | | | | | 9b | | | | | |
| | | Net income or (loss) from | | | ° | ····· | | | | |
| | iu a | Gross sales of inventory, I | | | - | | | | | |
| | р. | and allowances | | | 102 | | | | | |
| | | Less: cost of goods sold | | | 10b | <u>1</u> | | | | |
| + | С | Net income or (loss) from | sales | of inventor | у | Business Code | | | | |
| | 11 ~ | IPARTNER LICENSES | | | | 541511 | 13,500. | | 13,500. | |
| | iia b | REFUND OF PRIOR YEAD | REX | PENSES | | 900099 | 759. | | 10,000. | |
| ne | D | | ur | 0 | | | , 55. | | | · · · · · · · · · · · · · · · · · · · |
| venue | - | | | | | | | | | |
| Revenue | c | | | | | | | | | |
| Revenue | d | All other revenue | | | | | 14,259. | | | |

_

| 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 Bart IX | |

| | Check if Schedule O contains a respor | se or note to any line in | this Part IX | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | 13,404,460. | 13,404,460. | | |
| 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, | 1 001 000 | 400 675 | F16 611 | 6 604 |
| • | trustees, and key employees | 1,021,980. | 498,675. | 516,611. | 6,694. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) Other salaries and wages | 5,079,505. | 4,257,386. | 575,490. | 246,629. |
| 8 | Pension plan accruals and contributions (include | 5,5,5,505. | 1,237,3000 | 5,5,150. | |
| 0 | section 401(k) and 403(b) employer contributions) | 241,621. | 195,258. | 31,770. | 14,593. |
| 9 | Other employee benefits | 911,229. | 711,517. | 154,044. | 45,668. |
| 10 | Payroll taxes | 417,203. | 329,923. | 69,277. | 18,003. |
| 11 | Fees for services (nonemployees): | - | | - | - |
| а | Management | | | | |
| | Legal | 60,481. | | 60,481. | |
| с | Accounting | 30,205. | | 30,205. | |
| d | Lobbying | 12,000. | | 12,000. | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | 29,676. | | 29,676. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | 146 526 | 172 600 | 100 040 |
| | column (A), amount, list line 11g expenses on Sch 0.) | 513,074. | 146,536. 800. | 173,698. | 192,840. |
| 12 | Advertising and promotion | <u>34,382.</u> 16,332. | 8,656. | <u>23,130.</u> 7,394. | <u> 10,452.</u> 282. |
| 13 | Office expenses Information technology | 606,448. | 520,462. | 68,257. | 17,729. |
| 14 15 | Royalties | 000,440. | 520,402. | 00,257. | 11,123. |
| 16 | Occupancy | 805,310. | 689,070. | 93,136. | 23,104. |
| 17 | Travel | 25,355. | 1,781. | 23,574. | |
| 18 | Payments of travel or entertainment expenses | | ŕ | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 7,015. | | 7,015. | |
| 21 | Payments to affiliates | | • | | |
| 22 | Depreciation, depletion, and amortization | 287,404. | 255,543. | 23,099. | 8,762. |
| 23 | Insurance | 56,697. | 50,103. | 4,828. | 1,766. |
| 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 0.) | | | | |
| а | AGENCY REMUNERATION | 759,678. | 759,678. | | |
| b | TELEPHONE | 220,164. | 178,787. | 33,735. | 7,642. |
| c | EQUIPMENT AND MAINTENAN | 88,861. | 22. | 88,839. | , · |
| d | TRAINING AND STAFF INCE | 43,653. | 688. | 42,965. | |
| е | All other expenses | 37,017. | 28,787. | 7,239. | 991. |
| 25 | Total functional expenses. Add lines 1 through 24e | 24,709,750. | 22,038,132. | 2,076,463. | 595,155. |
| 26 | $\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | - 000 () |

| DOLLAR ENERGY FUND, IN | С |
|------------------------|---|
|------------------------|---|

25-1442933 Page 11

| Pa | | 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 |
| | 1 | Cash - non-interest-bearing | 6,549,136. | 1 | 2,515,902. |
| | 2 | Savings and temporary cash investments | 8,316,612. | 2 | 11,492,823. |
| | 3 | Pledges and grants receivable, net | 3,022,236. | 3 | 2,108,969. |
| | 4 | Accounts receivable, net | 1,288,296. | 4 | 1,184,475. |
| | 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 disgualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 41,988. | 9 | 31,757. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 4,254,929. | | | |
| | b | basis. Complete Part VI of Schedule D10a4,254,929.Less: accumulated depreciation10b3,395,618. | 1,141,240. 4,033,593. | 10c | 859,311. |
| | 11 | Investments - publicly traded securities | 4,033,593. | 11 | 4,062,957. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 5,328,251. | 15 | 5,977,022. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 29,721,352. | 16 | 28,233,216. |
| | 17 | Accounts payable and accrued expenses | 367,595. | 17 | 450,622. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 23,750. | 19 | 20,000. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ē | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | 507,371. | 23 | 361,712. |
| | 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 | 2 000 000 | | |
| | | of Schedule D | 3,000,000. | | 5,514,714. |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,898,716. | 26 | 6,347,048. |
| s | | Organizations that follow FASB ASC 958, check here | | | |
| nce | 07 | and complete lines 27, 28, 32, and 33. | 11,614,460. | 07 | 9 974 623 |
| ala | 27 | Net assets without donor restrictions | 14,208,176. | 27 28 | 9,974,623. 11,911,545. |
| ЧB | 28 | Net assets with donor restrictions | 14,200,170. | 20 | 11, J11, J4J. |
| 5 | | Organizations that do not follow FASB ASC 958, check here | | | |
| م ا | 20 | and complete lines 29 through 33. | | 20 | |
| ets | 29 30 | Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund | | 29 30 | |
| Asse | 30 | | | 30 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 25,822,636. | 32 | 21,886,168. |
| Ż | 33 | Total liabilities and net assets/fund balances | 29,721,352. | 33 | 28,233,216. |
| | | | ,,,, | 50 | |

Form **990** (2022)

Part X Balance Sheet

| Form | 990 | (2022) |
|------|-----|--------|

| _ | 990 (2022) DOLLAR ENERGY FUND, INC | 25- | <u>144293</u> | 3 | Pag | _{je} 12 |
|----|-----------------------------------------------------------------------------------------------------------------------|-----------|---------------|-----|------------|------------------|
| Pa | rt 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 | 20,3 | 24 | ,73 | 34. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,7 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -4,3 | 85 | ,01 | L6. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 25,8 | 22 | ,63 | 36. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4 | 48 | ,54 | 48. |
| 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 | 21,8 | 86 | <u>,16</u> | 58. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | | |
| | | | _ | Y | es | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | а | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | b 2 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2 | c 2 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3 | а | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 | b | | |

Form **990** (2022)

| SCHEDULE A |
|------------|
|------------|

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2022 |
| Open to Public Inspection |

Т

Name of the organization

| Nam | e of t | he organization | | | | | | Employer | identification number | | |
|----------|------------|----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|------------------------|--------------------|-----------------|--------------|----------------------------|--|--|
| | | | | | | | | 5-1442933 | | | |
| Par | tl | Reason for Public (| Charity Status. | All organizations must c | omplete th | nis part.) S | ee instruction | S. | | | |
| The c | rgani | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A | (iii). Enter | the hospital's name, | | |
| , | | city, and state: | | | | | | | | | |
| 5 [| | An organization operated for | | lege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in | | |
| г | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | |
| 6 [| | A federal, state, or local gov | - | | | | | | | | |
| 7 [| X | An organization that norma | - | ntial part of its support fi | rom a gove | ernmental | unit or from th | e general p | oublic described in | | |
| - [| | section 170(b)(1)(A)(vi). (C | | | | | | | | | |
| 8 [| | A community trust describe | | | | | | | | | |
| 9 [| | An agricultural research org | - | | | - | | - | - | | |
| | | or university or a non-land-g | grant college of agrici | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or | | |
| 10 | | university: | Illy reactives (1) more | than 00 1/00/ of its sum | art from a | ontribution | o momborob | in face and | d areas ressints from | | |
| 10 [| | An organization that norma activities related to its exem | | | | | | | | | |
| | | income and unrelated busir | | | | | | | | | |
| | | See section 509(a)(2). (Con | | | | SCS acqui | | | | | |
| 11 | | An organization organized a | | vely to test for public sa | fetv See | section 50 |)9(a)(4). | | | | |
| 12 | | An organization organized a | - | • | • | | | rrv out the | purposes of one or | | |
| | | more publicly supported or | - | - | - | | | • | | | |
| | | lines 12a through 12d that | - | | | | | | | | |
| а | | Type I. A supporting orga | • • | | | | | - | giving | | |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority o | of the direc | tors or trustee | es of the su | ipporting | | |
| | | organization. You must o | complete Part IV, Se | ctions A and B. | | | | | | | |
| b | |] Type II. A supporting org | anization supervised | or controlled in connect | tion with its | s supporte | d organizatio | n(s), by hav | ving | | |
| | | control or management o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | ion with, a | and functional | ly integrate | d with, | | |
| | | its supported organization | n(s) (see instructions) | . You must complete I | Part IV, Se | ctions A, | D, and E. | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection w | ith its suppor | ted organiz | zation(s) | | |
| | | that is not functionally int | ° | c , | • | | • | an attentiv | /eness | | |
| | | requirement (see instructi | | | | | | | | | |
| е | | Check this box if the orga | | | | | Type I, Type | II, Type III | | | |
| | - . | functionally integrated, or | | , , , , , , , , , , , , , , , , , , , , | 0 0 | | | | | | |
| t | | er the number of supported o | • | | | | | | | | |
| <u> </u> | | vide the following informatior i) Name of supported | ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of other | | |
| | | organization | () | (described on lines 1-10 | in your governi Yes | ng document? No | support (see in | 2 | support (see instructions) | | |
| | | | | above (see instructions)) | 100 | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

232022 12-09-22

| _ | | | RGY FUND, | | | | 2933 Page 2 |
|-------------|------------------------------------------------------------------|----------------------|-----------------------------|-------------|------------------------|------------------------|-----------------------|
| Part | | - | | • | | | • |
| | (Complete only if you checke fails to qualify under the tests | | | - | in failed to qualify u | inder Part III. If the | organization |
| Sectio | on A. Public Support | s listed below, plea | ase completer art | m. <i>j</i> | | | |
| | r year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | fts, grants, contributions, and | (a) 2018 | (b) 2019 | (0) 2020 | (u) 2021 | (e) 2022 | |
| | embership fees received. (Do not | | | | | | |
| | clude any "unusual grants.") | 11294949. | 13151409. | 20679525. | 13462192. | 12063198. | 70651273. |
| 2 Ta | x revenues levied for the organ- | | | | | | |
| iza | ation's benefit and either paid to | | | | | | |
| or | expended on its behalf | | | | | | |
| 3 Th | e value of services or facilities | | | | | | |
| fu | rnished by a governmental unit to | | | | | | |
| th | e organization without charge | | | | | | |
| 4 To | otal. Add lines 1 through 3 | 11294949. | 13151409. | 20679525. | 13462192. | <u>12063198.</u> | 70651273. |
| 5 Th | e portion of total contributions | | | | | | |
| by | each person (other than a | | | | | | |
| 0 | overnmental unit or publicly | | | | | | |
| | pported organization) included | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | nount shown on line 11, | | | | | | |
| | lumn (f) | | | - | | | 20728842. |
| | Iblic support. Subtract line 5 from line 4. | | | | | | 49922431. |
| | | () 0010 | (1) 0010 | () 0000 | ()) 0001 | () 0000 | (0, 7, 1, 1, |
| | r year (or fiscal year beginning in) nounts from line 4 | (a) 2018 | (b) 2019 1 3 1 5 1 4 0 9 | (c) 2020 | (d) 2021 | (e) 2022 12063198. | (f) Total 70651273 |

| | supported organization) included | | | | | | | | | |
|-------------|----------------------------------------------|-----------------------|-----------------------|---------------------------|-----------------------------|---------------------|------------------|--|--|--|
| | on line 1 that exceeds 2% of the | | | | | | | | | |
| | amount shown on line 11, | | | | | | | | | |
| | column (f) | | | | | | 20728842. | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 49922431. | | | |
| See | ction B. Total Support | | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | | | |
| 7 | Amounts from line 4 | 11294949. | 13151409. | 20679525. | 13462192. | 12063198. | 70651273. | | | |
| 8 | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| | and income from similar sources | 304,527. | 245,696. | 152,381. | 188,506. | 253,426. | 1144536. | | | |
| 9 | Net income from unrelated business | | | | | | | | | |
| | activities, whether or not the | | | | | | | | | |
| | business is regularly carried on | 37,050. | 27,300. | 13,500. | 13,500. | 13,500. | 104,850. | | | |
| 10 | Other income. Do not include gain | | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | | |
| | assets (Explain in Part VI.) | 121,471. | 16,495. | 91,173. | 85,844. | | 365,885. | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 72266544. | | | |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 44 | ,549,488. | | | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, t | fourth, or fifth tax y | vear as a section 5 | 01(c)(3) | | | | |
| | organization, check this box and stop | here | | | | | | | | |
| See | ction C. Computation of Publi | c Support Per | centage | | | | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | 69.08 % | | | |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 69 . 12 % | | | |
| 16 a | 33 1/3% support test - 2022. If the o | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this bo | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X | | | |
| b | 33 1/3% support test - 2021. If the o | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, | | | |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop her | r e. Explain in Part | VI how the organiz | ation | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | | | | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not c | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or | | | |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, cheo | ck this box and st | op here. Explain i | n Part VI how the | | | | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | zation | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | s | | | |
| | Schedule A (Form 990) 2022 | | | | | | | | | |

| | | \sim | |
|--|--|--------|--|
| | | | |

(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

| Seci | Ion A. Fublic Support | | | | | | |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------|---------------------|----------------|-------------|
| Calend | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | ? (f) Total |
| 1 (| Gifts, grants, contributions, and | | | | | | |
| r | membership fees received. (Do not | | | | | | |
| i | nclude any "unusual grants.") | | | | | | |
| r f a | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| a | Gross receipts from activities that are not an unrelated trade or bus- ness under section 513 | | | | | | |
| 4 T i | Fax revenues levied for the organ- zation's benefit and either paid to | | | | | | |
| 5 T | or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Fotal. Add lines 1 through 5 | | | | | | |
| 7a / | Amounts included on lines 1, 2, and | | | | | | |
| b A fi | B received from disqualified persons Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | • | L | L | • | l l |
| Calend | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | 2 (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a (c | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| (a | Unrelated business taxable income less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 N a V | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 (a | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Otal support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is for the check this box and stop here | ne organization's fi | | | - | | |
| | tion C. Computation of Publi | | | | | | |
| 15 F | Public support percentage for 2022 (I | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | tion D. Computation of Invest | | | | | | ,,, |
| 17 | nvestment income percentage for 20 | | nn (f), divided by li | ne 13. column (f)) | | 17 | % |
| | nvestment income percentage from | | B 1 1 1 1 1 | | | 18 | % |
| | 33 1/3% support tests - 2022. If the | | | | | | |
| r | nore than 33 1/3%, check this box ar | nd stop here. The | organization quali | fies as a publicly s | supported organiza | ation | |
| | 33 1/3% support tests - 2021. If the | - | | | | | |
| I | ine 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | as a publicly suppo | orted organiza | tion |
| 20 F | Private foundation. If the organization | n did not check a | box on line 14, 19a | a, or 19b, check th | his box and see ins | structions | |

232024 12-09-22

lines 3b and 3c below. b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.

c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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

9a

9b

9c

10a

Schedule A (Form 990) 2022 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.)

1 Are all of the organization's supported organizations listed by name in the organization's governing

2 Did the organization have any supported organization that does not have an IRS determination of status

class or purpose, describe the designation. If historic and continuing relationship, explain.

documents? If "No," describe in Part VI how the supported organizations are designated. If designated by

under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer

Section A. All Supporting Organizations

organization was described in section 509(a)(1) or (2).

| | (Form 990) | | - | ENERGY | FUND, | INC | |
|--------|------------|--------------|-------------|---------|-------|-----|--|
| art IV | Suppor | ting Organiz | ations (con | tinued) | | | |

1

2

| | | | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | |

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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? *If "Yes," explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised, or controlled the supporting organization. | |
|--------------------------------------------------------|--|
| Section C. Type II Supporting Organizations | |

 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)
 1
 1
 1

| Section D. All Type III Supporting Organizations | |
|--------------------------------------------------|--|
| | |

| | | | Yes | No |
|---|------------------------------------------------------------------------------------------------------------------------|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 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? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 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? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

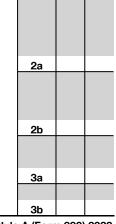
Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the | ie vear | (see instructions). |
|---|----------------------------------------------------------------------------------------------------------|---------|---------------------|
| - | | ic ycar | (|

- a The organization satisfied the Activities Test. *Complete* line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | |
|---|--|---------------------------------------------------|---------------------------------------------------------------------------------|--|
|---|--|---------------------------------------------------|---------------------------------------------------------------------------------|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*



Yes No

Schedule A (Form 990) 2022

| Pa | t V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | 2J-1442955 Page |
|----------------------------------|--------------------------------------------------------------------------------|------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | g trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete | Sections A through E. | |
| Sect | on 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 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 | | |
| Sect | on C - Distributable Amount | | | Current Year |

Se 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

DOLLAR ENERGY FUND,

INC Schedule A (Form 990) 2022

| Sche | edule A (Form 990) 2022 DOLLAR ENERGY | Y FUND, INC | | 2 | 5-1442933 Pag |
|------|----------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------|------|-------------------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509 | 9(a)(3) Supporting Orga | nizations (continu | ued) | |
| Sect | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organization | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | provide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive | l de la construcción de la constru | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 0 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ns | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 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 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| 5 | | | 1 | | |
| 5 | | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | |

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

| Schedule A (Form 990) 2022 DOLLAR ENERGY FUND, INC 25-1442933 Page 8 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: |
| REFUND OF PRIOR YEAR EXPENSES |
| 2018 AMOUNT: \$ 76,378. |
| 2020 AMOUNT: \$ 36,878. |
| 2022 AMOUNT: \$ 759. |
| |
| SPECIAL EVENT |
| 2018 AMOUNT: \$ 45,093. |
| 2019 AMOUNT: \$ 16,495. |
| 2020 AMOUNT: \$ 54,295. |
| 2021 AMOUNT: \$ 85,844. |
| 2022 AMOUNT: \$ 50,143. |
| |
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| |

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

| * * | PUBLTC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2022

Employer identification number

| 25-1442933 |
|------------|
|------------|

| Organization type (chec | sk one): | |
|---------------------------|----------------------------------------------------------------------------------|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | \fbox 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |
| Check if your organizatio | on is covered by the General Rule or a Special Rule. | |

DOLLAR ENERGY FUND. INC.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Schedule B (Form 990) (2022)

| Name of orga | anization | | |
|--------------|-----------|-------|-----|
| DOLLAR | ENERGY | FUND, | INC |

Employer identification number

25-1442933

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>1,010,882.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$381,183. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>457,086.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>636,753.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>3,000,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6_ | | \$344,090. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022) Na

Name of organization

DOLLAR ENERGY FUND, INC

Employer identification number

25-1442933

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
|------------|------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$279,084. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8_ | | \$ <u>829,250.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$260,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$ <u>250,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

223452 11-15-22

Page **2**

| | | \$ | |
|------------------------------|----------------------------------------------|-------------------------------------------------|---------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| 3453 11-15-22 | | | Schedule B (Form 990) (20 |

DOLLAR ENERGY FUND, INC

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

(b)

Description of noncash property given

(b)

Description of noncash property given

(a)

No.

from

Part I

(a)

No.

from

Part I

(d)

Date received

(d)

Date received

25-1442933

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

\$

| Name of o | rganization | | | Employer identification number |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------|
| DOLLAI | R ENERGY FUND, INC | | | 25-1442933 |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s | through (e) and the following line e sharitable, etc., contributions of \$1,000 of | ntry. For organizations | that total more than \$1,000 for the year |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) De | escription of how gift is held |
| | | | | |
| - | | (e) Transfer of g | gift | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of t | ransferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) De | escription of how gift is held |
| | | | | |
| - | | (e) Transfer of | yift | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of t | ransferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) De | escription of how gift is held |
| | | | | |
| - | | (e) Transfer of g | jift | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of t | ransferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) De | escription of how gift is held |
| | | | | |
| - | | (e) Transfer of g | jift | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of t | ransferor to transferee |
| | | | | |
| | | | | |

| SCHEDULE C | OMB No. 1545-0047 | | | | | | |
|-------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SCHEDULE C Political Campaign and Lobbying Activities | | | | | | 2022 | |
| For Organizations Exempt From Income Tax Under section 501(c) and section 527 | | | | | | Open to Public | |
| Department of the Treasury Internal Revenue Service | | | | | | | |
| | | | | | | | |
| - | | Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not comp | | e 46 (Political Camp | baigh Ac | ctivities), then | |
| .,., | | 1(c)(3)) organizations: Complete P | | Do not complete Pa | rt I-R | | |
| Section 527 organization | | | | | TTD. | | |
| 0 | | Form 990, Part IV, line 4, or For | m 990-EZ. Part VI. lin | ne 47 (Lobbving Act | ivities). | then | |
| - | - | nave filed Form 5768 (election und | | | | | |
| Section 501(c)(3) or | anizations that h | nave NOT filed Form 5768 (election | n under section 501(h) |): Complete Part II-B | . Do not | complete Part II-A. | |
| If the organization answ | wered "Yes," on | Form 990, Part IV, line 5 (Proxy | Tax) (See separate ir | nstructions) or Forn | n 990-EZ | Z, Part V, line 35c (Proxy | |
| Tax) (See separate inst | ructions), then | | | | | | |
| | , or (6) organizat | ions: Complete Part III. | | | | | |
| Name of organization | | | | | Employ | yer identification number | |
| Dort A Compl | DOLLAR | ENERGY FUND, INC | $a_{a} = 501(a)$ | ria a agation E | 27 | <u>25-1442933</u> | |
| Part I-A Comple | ete if the org | anization is exempt under | section 501(c) o | or is a section 5. | z <i>i</i> orga | anization. | |
| | | | | | | | |
| | | ation's direct and indirect political | | | • | | |
| 2 Political campaign | | | | | | | |
| 3 Volunteer hours for | political campai | gri activities | | | | | |
| Part I-B Comple | ete if the org | anization is exempt under | section 501(c)(3 | 3). | | | |
| | | incurred by the organization under | | | \$ | | |
| | | incurred by organization managers | | | | | |
| | | n 4955 tax, did it file Form 4720 fo | | | | | |
| 4a Was a correction m | | | | | | | |
| b If "Yes," describe ir | | | | | | | |
| Part I-C Comple | ete if the org | anization is exempt under | section 501(c), e | except section a | 501(c)(| 3). | |
| | | I by the filing organization for secti | | | \$_ | | |
| 2 Enter the amount o | f the filing organ | ization's funds contributed to othe | r organizations for sec | ction 527 | | | |
| exempt function ac | | | | | \$_ | | |
| • | • | . Add lines 1 and 2. Enter here and | | | • | | |
| | | 1120-POL for this year? | | | | Yes No | |
| 00 | | nployer identification number (EIN) | of all soction 527 poli | | | | |
| | | tion listed, enter the amount paid f | | | | | |
| | - | omptly and directly delivered to a s | | | | - | |
| political action com | mittee (PAC). If | additional space is needed, provide | e information in Part IV | V. | • | | |
| (a) Name | • | (b) Address | (c) EIN | (d) Amount paid filing organizatio funds. If none, en | on's | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | 1 | 1 | | | |

| Schedule C (Form 990) 2022 | DOLLAR EN | ERGY FUND, IN | IC | | L442933 Page 2 |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------|-----------------------------|
| Part II-A Complete if the org section 501(h)). | anization is ex | xempt under sectio | n 501(c)(3) and file | d Form 5768 (el | ection under |
| | tion belongs to an | affiliated group (and list i | n Part IV each affiliated o | group member's nam | ne, address, EIN, |
| expenses, and shar | • | • | · | | , , , |
| B Check if the filing organiza | tion checked box | A and "limited control" pr | ovisions apply. | | |
| Limi | ts on Lobbying E | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | | - an (grassroots lobby/ing) | | | |
| b Total lobbying expenditures to influe | | | | | |
| c Total lobbying expenditures (add li | | | | | |
| d Other exempt purpose expenditure | | | | | |
| e Total exempt purpose expenditure | | | | | |
| f Lobbying nontaxable amount. Enter | | | | | |
| If the amount on line 1e, column (a) o | | lobbying nontaxable an | | | |
| Not over \$500,000 | | of the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000 | | 0,000 plus 15% of the ex | | | |
| Over \$1,000,000 but not over \$1,5 | | 5,000 plus 10% of the ex | | | |
| Over \$1,500,000 but not over \$17, | | 5,000 plus 5% of the exce | | | |
| Over \$17,000,000 | \$1,0 | 000,000. | | | |
| | | | | | |
| i Subtract line 1f from line 1c. If zero j If there is an amount other than ze reporting section 4911 tax for this | ro on either line 1h year? | | zation file Form 4720 | | Yes No |
| (Some organizations the | hat made a sectio | Averaging Period Unde on 501(h) election do not parate instructions for I | have to complete all o | f the five columns b | elow. |
| | Lobbying Ex | kpenditures During 4-Ye | ear Averaging Period | | 1 |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | hula C (Form 000) 2022 |

Schedule C (Form 990) 2022

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

| For ea | or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | a) | (b) | |
|------------|--------------------------------------------------------------------------------------------------------------------|----------------|---------------|------------|--------|
| | lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | X | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | | |
| | Media advertisements? | | X | | |
| d | Mailings to members, legislators, or the public? | | X | | |
| е | Publications, or published or broadcast statements? | | X | | |
| f | Grants to other organizations for lobbying purposes? | | X | | |
| - | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 12 | 2,000. |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | | |
| | Other activities? | | X | | |
| j | Total. Add lines 1c through 1i | | | 12 | 2,000. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6). | n 501(c)(| 5), or sec | tion | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| | Did the organization agree to carry over lobbying and political campaign activity expenditures from th | | | | |
| | III-B Complete if the organization is exempt under section 501(c)(4), sectio | | | tion | • |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | 'No" OR | (b) Part I | II-A, line | 3, is |
| | answered "Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | cal | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | | | |
| с | Total | | 2c | | |
| | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | |
| | expenditures next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |
| Part | IV Supplemental Information | | | | |
| Provic | le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II | -A, lines 1 a | nd 2 (See | |
| instruc | ctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| PAR | T II-B, LINE 1, LOBBYING ACTIVITIES: | | | | |
| m ~ | | | | | |
| TO | INCREASE VISIBILITY AND EDUCATE POLICY MAKERS ON DO | ьтак т | ENERGY | FUND, | , |
| TNC | .'S MISSION AND BUSINESS INITIATES. TO MONITOR LEGI | SLATT | VE AND | | |
| T11C | • 9 MIDDION AND DODINEDS INITIATED. 10 MONITOR DEGI | PUVIT | | | |

REGULATORY DEVELOPMENTS AND DEVELOP STRATEGIC RELATIONSHIPS.

| | | 0 | al Financial Statements | | OMB No. 1545-0047 | |
|---------|--------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|---------------|-----------------------------|--|
| | HEDULE D n 990) | | 2022 | | | |
| Depart | ment of the Treasury | Open to Public | | | | |
| Interna | Revenue Service | | 0 for instructions and the latest information. | | Inspection | |
| Nam | lame of the organization Employer id DOLLAR ENERGY FUND, INC 25 | | | | | |
| Par | t I Organiza | | d Funds or Other Similar Funds or Ac | coun | | |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | | | | |
| | | | (a) Donor advised funds | b) Fun | ds and other accounts | |
| 1 | | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | | f grants from (during year) | | | | |
| 4 | | t end of year | | | | |
| 5 | • | | writing that the assets held in donor advised func exclusive legal control? | | Yes No | |
| 6 | | | dvisors in writing that grant funds can be used o | | | |
| - | • | • | r donor advisor, or for any other purpose conferr | | | |
| | | | | U U | Yes No | |
| Par | t II Conserv | ation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part IV, | line 7. | | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that apply). | | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) | orically | important land area | |
| | Protection o | f natural habitat | Preservation of a certi | fied his | toric structure | |
| _ | | n of open space | | | | |
| 2 | day of the tax year | . . | fied conservation contribution in the form of a con | nservat | Held at the End of the last | |
| | | | | 2a | | |
| | | | | 2a 2b | | |
| c | | | ucture included in (a) | 20 20 | | |
| d | | vation easements included in (c) acquired a | | | | |
| | historic structure l | isted in the National Register | • • • | 2d | | |
| 3 | | | eased, extinguished, or terminated by the organi | zation (| during the tax | |
| | year | | | | | |
| 4 | | where property subject to conservation eas | | | | |
| 5 | | tion have a written policy regarding the per | | | | |
| 6 | , | orcement of the conservation easements it | | | | |
| 6 | Stall and voluntee | a nours devoted to monitoring, inspecting, | handling of violations, and enforcing conservatio | II ease | ments during the year | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation eas | sement | s during the year | |
| | | 5, i 5, | 5 | | 5 | |
| 8 | Does each conser | vation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h)(4)(B) | (i) | | |
| | and section 170(h) |)(4)(B)(ii)? | | | Yes No | |
| 9 | In Part XIII, descrit | be how the organization reports conservation | on easements in its revenue and expense statem | ent and | Ł | |
| | | | note to the organization's financial statements that | at desc | ribes the | |
| Dar | | ounting for conservation easements. | Art, Historical Treasures, or Other S | imilar | Accate | |
| Fai | | f the organization answered "Yes" on Form | | IIIIiai | A35013. | |
| 12 | | | 8, not to report in its revenue statement and bala | nce sh | leet works | |
| 14 | 0 | , 1 | blic exhibition, education, or research in furtherar | | | |
| | | · · · · · | ncial statements that describes these items. | | | |
| b | · • | | 8, to report in its revenue statement and balance | sheet | works of | |
| | - | | exhibition, education, or research in furtherance | | | |
| | provide the followi | ing amounts relating to these items: | | | | |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | 9 | \$ | |
| | ., | | | | \$ | |
| 2 | - | | asures, or other similar assets for financial gain, p | orovide | | |
| | - | unts required to be reported under FASB A | - | | • | |
| а | Revenue included | on Form 990, Part VIII, line 1 | | (| ۶ | |

| b | Assets included in Form 990, Part X |
|--------|------------------------------------------------------------------------|
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
| 232051 | 09-01-22 |

Schedule D (Form 990) 2022

\$

| | | ENERGY FUN | | | | | | 25-14 | | |
|---------|------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|----------------|-----------------------|--------------|-----------------------------------------|---------------|-----------------|------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | easures, o | r Other | [.] Simila | r Assets | (continu | ued) |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check | any of the f | following tha | t make sig | gnificant ι | use of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | (| | | hange progra | | | | | |
| b | Scholarly research | | ə 🗌 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further th | ne organizatio | on's exem | npt purpos | se in Part | XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, hi | storical treas | sures, or othe | er similar | assets | | - | |
| | to be sold to raise funds rather than to be ma | | | | | | <u></u> | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered | "Yes" on | Form 990 |), Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | - | | | | | | ٦ | <u> </u> |
| | on Form 990, Part X? | | | | | | | L | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing t | able: | | | | | A | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | |
| T 0- | Ending balance | | | | | | | | Yes | |
| | Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII. | | | | | | • • • • • • • • • • • • • • • • • • • • | ····· L | _ | |
| Par | | | | | | | | | | |
| | | (a) Current year | | Prior year | (c) Two yea | | | /ears back | (e) Four | vears back |
| 1a | Beginning of year balance | | (-7) | ,, , | (-) | | (, | | (-) | , |
| h | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| - | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line 10 | a, column (a) |)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | , , , , | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| с | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation tha | t are held ar | nd administe | red for the | е | | _ | |
| | organization by: | | | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requi | red on S | chedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment f | unds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | 0, Part IV | /, line 11a. S | See Form 990 |), Part X, I | line 10. | | | |
| | Description of property | (a) Cost or o basis (investi | | • • | : or other (other) | | ccumulate preciation | ed | (d) Book | value |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | 4,785. | | 322,08 | | | ,699. |
| d | Equipment | | | | 0,980. | |)76,80 | | | ,112. |
| е | Other | | | | 9,164. | | 196,60 | | | ,500. |
| Tota | . Add lines 1a through 1e. <i>(Column (d) must e</i> | equal Form 990, Part | <u>X. colun</u> | nn (B), line 1 | 0c.) | | | | 859 | ,311. |

Schedule D (Form 990) 2022

| Part VII Investments | - Other Securit | ties | | |
|----------------------------|-----------------|--------|-------|-----|
| Schedule D (Form 990) 2022 | DOLLAR | ENERGY | FUND, | INC |

| 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, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | " on Form 990, Part IV, line | e 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, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes | " on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| |) Description | | (b) Book value |
| (1) OTHER RESTRICTED ASSETS - | | ANY MATCHING | . , |
| (2) CREDITS | | | 280,829. |
| (3) INTERCOMPANY RECEIVABLE F | ROM FOUR TWEL | VE RENEWABLES, INC. | |
| (4) AND BE-PINE 1 LLC | | | 3,345,628. |
| (5) OPERATING LEASE RIGHT OF | USE ASSET | | 2,350,565. |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | | | 5,977,022. |
| Part X Other Liabilities. | <u>,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 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 | | | |
| (1) Pederal income taxes (2) REFUNDABLE ADVANCE | | | 3,000,000. |
| (3) OPERATING LEASE LIABILITY | - | | 2,514,714. |
| (4) | | | |
| | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | 5,514,714. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lir | <u>18 25.)</u> | | 5,514,114. |

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

| Sche | edule D (Form 990) 2022 DOLLAR ENERGY FUND, INC | 2 | 25-1442933 Page 4 |
|------|-------------------------------------------------------------------------------|---------------------|-------------------|
| | t XI Reconciliation of Revenue per Audited Financial Sta | atements With Reven | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | atements With Exper | ises per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, I | ine 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| с | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line | 18.) | |

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.

| SCHEDULE G | Suppleme | ntal Information Regard | ling Fu | ndra | aisi | ng or Gaming A | ctiv | ties | OMB No. 1545-0047 |
|----------------------------|---------------------|--------------------------------------------------------------|-------------|-------------------------------|---------|-----------------------|------------|-------------------------------------|---------------------|
| (Form 990) | | e organization answered "Yes rganization entered more tha | | | | | r 19, | or if the | 2022 |
| Department of the Treasury | | Attach to Form | 990 or Fo | orm 9 | 990- | EZ. | | | Open to Public |
| Internal Revenue Service | | o www.irs.gov/Form990 for in | structior | ns an | d th | e latest information | n. | | Inspection |
| Name of the organization | | | | | | | | | entification number |
| Dort Eurodroid | | ENERGY FUND, INC | | | | | | 25-1442 | |
| | complete this part | Complete if the organization a | inswered | "Yes | " on | Form 990, Part IV, I | ine 17 | 7. Form 990-E | Z filers are not |
| • | | ed funds through any of the foll | lowing ac | tivitie | -s. (| Check all that apply. | | | |
| a Mail solicitat | 0 | · · _ | Ŭ, | | | overnment grants | | | |
| b Internet and | email solicitations | f 📃 So | licitation | of go | overr | nment grants | | | |
| c 🔄 Phone solici | tations | g 📃 Sp | ecial fund | draisi | ng e | events | | | |
| d In-person so | | | | | | | | | |
| • | | r oral agreement with any indivi | • | | • | | tees, | | |
| | | art VII) or entity in connection w | • | | | • | f | Ye 🛄 Ye | |
| compensated at le | 0 | riduals or entities (fundraisers) p | oursuant | o ag | reen | nents under which tr | ne tur | idraiser is to b | e |
| | ast \$5,000 by the | | | | | | | | 1 |
| (i) Name and addres | s of individual | | (fu | iii) Di ndrais | d er | (iv) Gross receipts | (v) | Amount paid r retained by) | (vi) Amount paid |
| or entity (fund | | (ii) Activity | | have custody or control of | | from activity | fundraiser | to (or retained by) organization | |
| | | | | ributio | ins? | | list | ed in col. (i) | |
| | | | Ye | s I | ١o | | | | |
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| Total | | | | | | | | | |
| | ich the organizatio | n is registered or licensed to so | licit conti | ibuti | ons | or has been notified | it is e | exempt from r | egistration |
| or licensing. | - | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Schedule G (Form 990) 2022

DOLLAR ENERGY FUND, INC

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | | (a) Event #1 HEAT THE STREETS | (b) Event #2 WARMATHON | (c) Other events | (d) Total events (add col. (a) through |
|-----------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------|
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Hevenue | 1 | Gross receipts | 138,689. | 137,789. | 381,459. | 657,937 |
| | 2 | Less: Contributions | 121,464. | 137,789. | 348,541. | 607,794 |
| | 3 | Gross income (line 1 minus line 2) | 17,225. | | 32,918. | 50,143 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | 3,542. | | 3,542 |
| Oenses | 6 | Rent/facility costs | | | | |
| Uirect Expenses | 7 | Food and beverages | | | | |
| 51 | _ | Entotainmont | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 4,622. | 42,004. | 203,513. | |
| | 9 10 | Other direct expenses Direct expense summary. Add lines 4 through | 4,622. | | | 253,681 |
| | 9 10 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I II Gaming. Complete if the organization | 4,622. n 9 in column (d) ine 3, column (d) | | · · · · · · · · · · · · · · · · · · · | 253,681 |
| Pa | 9 10 11 | Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I | 4,622. n 9 in column (d) ine 3, column (d) | | · · · · · · · · · · · · · · · · · · · | 253,681 -203,538 (d) Total gaming (add |
|)a | 9 10 11 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | 4,622. n 9 in column (d) ine 3, column (d) answered "Yes" on Form | 990, Part IV, line 19, or r (b) Pull tabs/instant | eported more than | 253,681 -203,538 (d) Total gaming (add |
| ani ani ani | 9 10 <u>11</u> rt I | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I II Gaming. Complete if the organization | 4,622. n 9 in column (d) ine 3, column (d) answered "Yes" on Form | 990, Part IV, line 19, or r (b) Pull tabs/instant | eported more than | 253,681 -203,538 (d) Total gaming (add |
| | 9 10 <u>11</u> rt I | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | 4,622. n 9 in column (d) ine 3, column (d) answered "Yes" on Form | 990, Part IV, line 19, or r (b) Pull tabs/instant | eported more than | 253,681 -203,538 (d) Total gaming (add |
| Panenue | 9 10 <u>11</u> rt I 2 3 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes | 4,622. n 9 in column (d) ine 3, column (d) answered "Yes" on Form | 990, Part IV, line 19, or r (b) Pull tabs/instant | eported more than | 253,681 -203,538 (d) Total gaming (add |
| Pa | 9 10 <u>11</u> rt I 2 3 | Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes | 4,622. n 9 in column (d) ine 3, column (d) answered "Yes" on Form | 990, Part IV, line 19, or r (b) Pull tabs/instant | eported more than | 250,139 253,681 -203,538 (d) Total gaming (add col. (a) through col. (c |
| a | 9 10 <u>11</u> rt I 2 3 | Other direct expenses | 4,622. n 9 in column (d) ine 3, column (d) answered "Yes" on Form | 990, Part IV, line 19, or r (b) Pull tabs/instant | eported more than | 253,681 -203,538 (d) Total gaming (add |
| aniavan | 9 10 <u>11</u> rt I 2 3 4 5 6 | Other direct expenses | 4,622. | 990, Part IV, line 19, or m (b) Pull tabs/instant bingo/progressive bingo | eported more than (c) Other gaming | 253,681 -203,538 (d) Total gaming (add |

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 _____ Yes _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

232082 10-27-22

Yes

No

No

| Sch | edule G (Form 990) 2022 | DOLLAR ENERG | Y FUND, | INC | 25- | 1442933 | Page 3 |
|-----|-------------------------------------|-------------------------------|-------------------|--------------------------|--------------------------|-------------------|----------|
| 11 | Does the organization conduct ga | ming activities with nonme | embers? | | | Yes | No |
| | Is the organization a grantor, bene | | | | | | |
| | to administer charitable gaming? | | | | | Yes | No No |
| 13 | Indicate the percentage of gaming | g activity conducted in: | | | | | |
| i | The organization's facility | | | | | 13a | % |
| | • An outside facility | | | | | 13b | % |
| 14 | Enter the name and address of the | e person who prepares the | e organization's | s gaming/special events | books and records: | | |
| | | | | | | | |
| | Address | | | | | | |
| 15: | a Does the organization have a cont | tract with a third party fror | n whom the org | ganization receives gam | ing revenue? | Yes | No No |
| I | If "Yes," enter the amount of gam | | | \$ | and the amount | | |
| | of gaming revenue retained by the | | | | | | |
| | : If "Yes," enter name and address | of the third party: | | | | | |
| | Name | | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name | | | | | | |
| | Gaming manager compensation | \$ | | | | | |
| | Description of convises provided | | | | | | |
| | Description of services provided | | | | | | |
| | | | | | | | |
| | Director/officer | Employee | | endent contractor | | | |
| 17 | Mandatory distributions: | | | | | | |
| | Is the organization required under | r state law to make charita | ble distribution | s from the gaming proc | eeds to | | |
| | retain the state gaming license? | | | | | Yes | 🗌 No |
| I | Enter the amount of distributions | required under state law to | o be distributed | I to other exempt organ | izations or spent in the | | |
| | organization's own exempt activit | | \$ | | | | |
| Pa | | mation. Provide the exp | | | | art III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as | applicable. Also provide a | any additional II | nformation. See instruct | tions. | | |
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| Part IV Supplemental Information (continued) | |
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| SCHEDULE I (Form 990) | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------|------------------------------------|-----------------------------|----------------------------------------|-----------------------------------------------|---------------------------------------|--------------------------------|----------|--|
| · , | | | ete if the organization | | | | | 20 | 22 | |
| Department of the Treasury | | • | J | Attach to Form | | | | Open t | o Public | |
| Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. | | | | | | | | | | |
| Name of the organization Employer identities Employer identities and the organization employer identities and the organ | | | | | | | | | | |
| DOLLAR ENERGY FUND, INC 25-14 | | | | | | | | | | |
| Part I General Information on Grants and Assistance | | | | | | | | | | |
| v | zation maintain records t | | • | | • • • • | v | | | | |
| | award the grants or assis IV the organization's pro | | | | | | | | No No | |
| Part II Grants an | d Other Assistance to I hat received more than \$ | Domestic Organiz | ations and Domestic | Governments. | Complete if the org | anization answered "Y | es" on Form 990, Par | t IV, line 21, for any | | |
| · · · | | , | · · | · · | 1 | (f) Method of | | (1.) Duran of | | |
| | Idress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of or assistant | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-------------------------------------------------|--------------------------|---------------------------------|---------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| | | | | | |
| RANTS ARE GIVEN TO LOW-INCOME INDIVIDUALS FOR | | | | | |
| TILITY BILL PAYMENT ASSISTANCE. | 40488 | 13,354,108. | 0. | | |
| NERGY EFFICIENCY EDUCATIONAL PACKETS AND ENERGY | | | | | ENERGY EFFICIENCY EDUCATIONAL |
| FFICIENCY KITS ARE PROVIDED TO LOW-INCOME | | | | | PACKETS AND ENERGY EFFICIENCY |
| CUSTOMERS OF APPALACHIAN POWER COMPANY VIRGINIA | 1719 | ٥. | 50,352. | FMV | KITS |
| | | | | | |
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PART I, LINE 2:

DOLLAR ENERGY FUND, INC. HAS NUMEROUS PARTNER AGENCIES THROUGHOUT THE

STATES THAT IT SERVICES. THESE AGENCIES, ALONG WITH DOLLAR ENERGY FUND,

INC. ITSELF, TAKE APPLICATIONS FROM INDIVIDUALS WHO THINK THEY MAY BE

ELIGIBLE TO RECEIVE A GRANT FOR THE PURPOSE OF PAYING THEIR UTILITY BILL.

THE POTENTIAL CUSTOMER MUST SUBMIT ALL THE NECESSARY ELIGIBILITY

INFORMATION WITH THEIR APPLICATION TO RECEIVE CONSIDERATION FOR A GRANT.

THIS SUPPORTING DOCUMENTATION IS MAINTAINED ONSITE BY EACH AGENCY, AND ALSO

EACH AGENCY SCANS THE DOCUMENTS INTO A DOCUMENT IMAGING SOFTWARE PROGRAM

| Schedule I (Form 990) DOLLAR ENERGY FUND, INC 25-1442 | 933 Page 2 | | | | | | | | |
|----------------------------------------------------------------------|------------|--|--|--|--|--|--|--|--|
| Part IV Supplemental Information | | | | | | | | | |
| | | | | | | | | | |
| THAT DOLLAR ENERGY FUND, INC. HAS ACCESS TO. DOLLAR ENERGY FUND, INC | • | | | | | | | | |
| | | | | | | | | | |
| MONITORS THE AGENCIES BY PERFORMING AUDITS THROUGHOUT THE YEAR TO EN | SURE | | | | | | | | |
| | | | | | | | | | |
| THAT THE CUSTOMERS RECEIVING GRANTS ARE IN FACT ELIGIBLE FOR THEM AN | D THAT | | | | | | | | |
| | | | | | | | | | |
| THE AGENCIES ARE SCANNING THE SUPPORTING DOCUMENTATION INTO THE SYST | EM. | | | | | | | | |

APPALACHIAN POWER COMPANY VIRGINIA (AEP-VA) ENGAGED DOLLAR ENERGY FUND, INC. TO COLLABORATE ON A PILOT PROGRAM THAT WOULD PROVIDE A ONE-TIME ENERGY EFFICIENCY EDUCATIONAL PACKET, POST CARD, AND POTENTIALLY AN ENERGY EFFICIENCY KIT TO LIMITED-INCOME AEP-VA CUSTOMERS. IN ORDER FOR A CUSTOMER TO RECEIVE A KIT, THEY MUST MAIL BACK IN THE INFORMATION CARD TO DOLLAR ENERGY FUND, INC. OR CALL A TOLL-FREE NUMBER THAT DOLLAR ENERGY FUND, INC. HAS DEDICATED TO THE PROGRAM. ONCE THE CUSTOMER HAS REQUESTED TO RECEIVE A KIT, DOLLAR ENERGY FUND, INC. PLACES THE ORDER FOR THE KIT WITH A THIRD PARTY VENDOR FOR THE KIT TO BE SHIPPED TO THE CUSTOMER. KITS INCLUDE SIX LED BULBS, TWO FAUCET AERATORS, TWO LED NIGHT LIGHTS, AND ONE REFRIGERATOR THERMOSTAT. ELIGIBILITY FOR THE PROGRAM IS INCOME BASED AND QUALIFICATION IS ASSUMED BASED UPON THE RECEIPT OF ASSISTANCE THROUGH QUALIFYING LIMITED-INCOME PROGRAMS.

| SCI | SCHEDULE J Compensation Information | | | | | 47 | | | |
|---------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----|-------------|--|--|--|
| (Foi | rm 990) | - For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 99 |) | | | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23 | | 20 | 22 | - | | | |
| Depar | ment of the Treasury | Attach to Form 990. | • | Open to | | | | | |
| Interna | I Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspection | | | | | |
| Nam | e of the organization | | | identificatio | | mber | | | |
| | | DOLLAR ENERGY FUND, INC | 25-1 | 144293 | 3 | | | | |
| Pa | | s Regarding Compensation | | | | | | | |
| | . | | | | Yes | No | | | |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on For | m 990, | | | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | | | |
| | First-class or c | | | | | | | | |
| | Travel for com | | | | | | | | |
| | | ation and gross-up payments Health or social club dues or initiation f | | | | | | | |
| | Discretionary s | spending account Personal services (such as maid, chauf | eur, chet) | | | | | | |
| h | If any of the bayes | an line to ave checked, did the executivation follow a unitten nation respective normant or | | | | | | | |
| a | • | on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain | | 16 | | | | | |
| 2 | | require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | <u>1b</u> | | | | | |
| 2 | 0 | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | | | |
| | trustees, and onice | | | | | | | | |
| 3 | Indicate which if ar | ny, of the following the organization used to establish the compensation of the organization | ı's | | | | | | |
| Ū | | ector. Check all that apply. Do not check any boxes for methods used by a related organization | | | | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | | | | |
| | Compensation | | | | | | | | |
| | · | ompensation consultant IX Compensation survey or study | | | | | | | |
| | | ther organizations X Approval by the board or compensation | l committee | | | | | | |
| | | | | | | | | | |
| 4 | During the year, dic | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | | | |
| | organization or a re | | | | | | | | |
| а | Receive a severanc | e payment or change of control payment? | | 4a | | X | | | |
| b | Participate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | | X | | | |
| с | Participate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | X | | | |
| | If "Yes" to any of lir | es 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 of | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa | tion | | | | | | |
| | contingent on the r | evenues of: | | | | | | | |
| а | The organization? | | | 5a | | X | | | |
| b | Any related organiz | ation? | | 5b | | X | | | |
| | | r 5b, describe in Part III. | | | | | | | |
| 6 | For persons listed of | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa | tion | | | | | | |
| | contingent on the n | et earnings of: | | | | | | | |
| | | | | | | X | | | |
| b | | ation? | | <u>6</u> b | | X | | | |
| | | r 6b, describe in Part III. | | | | | | | |
| 7 | | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer | | | | | | | |
| | | ies 5 and 6? If "Yes," describe in Part III | | 7 | | X | | | |
| 8 | Were any amounts | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to | the | | | | | | |
| | | | | 8 | | X | | | |
| 9 | If "Yes" on line 8, d | d the organization also follow the rebuttable presumption procedure described in | | | | | | | |
| | Regulations section | | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Fo | | | | | | | | |

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.

| | | (B) Breakdown of W | -2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|----------------------------|------|--------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) CHAD QUINN | (i) | 301,782. | 0. | 0. | 18,107. | 21,261. | 341,150. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SEAN SMILES | (i) | 196,716. | 0. | 0. | 11,803. | 21,261. | 229,780. | 0. |
| CHIEF INFORMATION OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DAN CAPONI | (i) | 175,580. | 0. | 0. | 10,535. | 21,254. | 207,369. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) LISA STOEBENER | (i) | 174,344. | 0. | 0. | 10,461. | 18,925. | 203,730. | 0. |
| CHIEF HUMAN RESOURCES OFFI | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SHAHABUDDIN KAZI | (i) | 138,916. | 0. | 0. | 8,335. | 21,039. | 168,290. | 0. |
| CISCO VOIP ENGINEER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DAVID BURKHART | (i) | 127,099. | 0. | 0. | 7,626. | 21,039. | 155,764. | 0. |
| SYSTEMS ANALYST III | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |

| Schedule J | (Form | 990 | 2022 (| |
|------------|-------|-----|--------|--|
|------------|-------|-----|--------|--|

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.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



25 - 1442933

DOLLAR ENERGY FUND, INC

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

ASSISTANCE AND OTHER SERVICES THAT LEAD TO SELF-SUFFICIENCY

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

THE CHIEF FINANCIAL OFFICER WILL REVIEW THE FORM 990 AND PROVIDE THE PAID PREPARER WITH ANY QUESTIONS OR CHANGES. THE CHIEF FINANCIAL OFFICER WILL ALSO ADDRESS QUESTIONS PROVIDED BY THE PAID PREPARER IN CONJUNCTION WITH THE INITIAL REVIEW OF THE FORM 990. AFTER ALL CHANGES HAVE BEEN MADE, AND ALL QUESTIONS ANSWERED, THE CHIEF FINANCIAL OFFICER WILL PROVIDE A COPY OF THE FORM 990 TO THE DOLLAR ENERGY FUND, INC. EXECUTIVE AND FINANCE COMMITTEE. AFTER REVIEWING THE FORM 990 IN DETAIL WITH THE EXECUTIVE AND FINANCE COMMITTEE, THE CHIEF FINANCIAL OFFICER WILL EMAIL A COPY OF THE FORM 990 TO THE ENTIRE DOLLAR ENERGY FUND, INC. BOARD OF DIRECTORS FOR REVIEW. BOARD MEMBERS ARE REQUIRED TO REVIEW THE FORM 990 AND PROVIDE ANY CHANGES OR QUESTIONS TO THE CHIEF FINANCIAL OFFICER BY AN ESTABLISHED DEADLINE. PRIOR TO FINALIZATION, THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS BY THE PAID PREPARER AT A BOARD OF DIRECTORS MEETING.

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

THE CHIEF EXECUTIVE OFFICER AND THE BOARD ARE SUFFICIENTLY INVOLVED IN THE DAY-TO-DAY OPERATIONS AND MAINTAIN THE KNOWLEDGE TO IDENTIFY AND ADDRESS ANY CONFLICTS OF INTEREST THAT MAY ARISE.

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

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS SET BY THE BOARD OF

DIRECTORS. COMPENSATION FOR KEY EMPLOYEES IS SET BY THE CHIEF EXECUTIVE

SIMILAR ORGANIZATIONS AND THE AVAILABILITY OF SIMILAR SERVICES IN THE

GREATER PITTSBURGH AREA.

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

GOVERNING DOCUMENTS, POLICIES, FORM 990, AND FINANCIAL STATEMENTS ARE ALL DISCUSSED AND AVAILABLE UPON REQUEST AT THE BI-MONTHLY BOARD MEETINGS OF DOLLAR ENERGY FUND, INC., WHICH ARE OPEN TO THE PUBLIC, OR WHENEVER AN INDIVIDUAL REQUESTS THE INFORMATION ON SITE. THE FORM 990 IS AVAILABLE ON DOLLAR ENERGY FUND INC.'S WEBSITE.

| SCH | EDULE | R |
|-----|-------|---|
| | | |

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 25 - 1442933

Name of the organization

DOLLAR ENERGY FUND, INC

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------|----------------------------|---------------------------|--------------------------------------------|
| | - | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 5 contr ent | olled |
|----------------------------------------------------------|--------------------------------|------------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------|-------|
| | | | | 501(c)(3)) | | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 DOLLAR ENERGY FUND, INC

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | () | h) | (i) | (j | | (k) |
|------------------------------------------------|------------------|-------------------------------------------|------------------------------|-----------------------------------------------------------------------|-----------------------|-----------------------------------|-----|---------------------|-----------------------------------------------|------------------------|-------------------------|----------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | | ortionate tions? | Code V-UBI amount in box 20 of Schedule | Gener mana partr | al or F ging ier? | Percentage ownership |
| | | country) | | sections 512-514) | | 455615 | Yes | No | K-1 (Form 1065) | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | 512(cont | (i) ction (b)(13) trolled tity? |
|----------------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|--------------------------------|--------------|---------------------------------------------|
| | | country) | | | | 400010 | | Yes | No |
| FOUR TWELVE RENEWABLES, INC 88-4263183 | | | | | | | | | |
| 317 EAST CARSON WEST TOWER 106 | RENEWABLE ENERGY | | DOLLAR ENERGY | | | | | | |
| PITTSBURGH, PA 15219 | DEVELOPMENT | DE | FUND, INC. | C CORP | | | 100% | X | |
| | - | | | | | | | | |
| | - | | | | | | | | |
| | - | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | s N |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|-----|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | | X | |
| e Loans or loan guarantees by related organization(s) | | | |
| f Dividends from related organization(s) | | | |
| g Sale of assets to related organization(s) | | | |
| h Purchase of assets from related organization(s) | 1 h | | |
| Exchange of assets with related organization(s) | | | |
| Lease of facilities, equipment, or other assets to related organization(s) | <u>1j</u> | | + |
| Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | |
| n Performance of services or membership or fundraising solicitations by related organization(s) | _ | | + |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| Sharing of paid employees with related organization(s) | | | + |
| Reimbursement paid to related organization(s) for expenses | 1 p | | |
| Reimbursement paid by related organization(s) for expenses | | X | + |
| Other transfer of cash or property to related organization(s) | 1r | | |
| Conter transfer of cash or property from related organization(s) | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--------------------------------------------|-----------------------------------------|-------------------------------|----------------------------------------------|
| (1) FOUR TWELVE RENEWABLES, INC | Q | 6,000,000. | DOLLAR VALUE OF TRANSACTION |
| (2) FOUR TWELVE RENEWABLES, INC | D | 73,300,000. | DOLLAR VALUE OF TRANSACTION |
| (3) | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| (6) | | | |

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Schedule R (Form 990) 2022 DOLLAR ENERGY FUND, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are partne 501(i org Yes | rs sec. c)(3) s.? | (f) Share of total income | (g) Share of end-of-year assets | Dispi tioi alloca | opor- nate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General (managin partner? Yes No | (k) Percentage ownership |
|--------------------------------------------|--------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|-------------------------------------------|-------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------|---------------------------------------------------|--------------------------------|
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Schedule R (Form 990) 2022

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

| Name DOLLAR ENERGY FUND, INC | Employer Identifica 25–14429 | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------|----------|
| Based on the information provided with this return, the following are possible carryover amounts to next year. | | |
| FEDERAL POST-2017 NET OPERATING LOSS - SALE OF IPARTNE | R LICE | 173,077. |
| FEDERAL PRE-2018 NET OPERATING LOSS | | 102,949. |
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(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

| Eile e | concrete | application | for oach | roturn |
|--------|----------|-------------|----------|---------|
| File a | separate | application | tor each | return. |

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see instruct | | Taxpayer | r identification nu | mber (TIN) | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------|---------|
| print | DOLLAR ENERGY FUND, INC | | | 25-1442 | 933 | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, so 317 EAST CARSON WEST TOWER | | ions. | | | |
| instruction | | oreign addi | ress, see instructions. | | | |
| Enter th | e Return Code for the return that this application is for (file | e a separat | te application for each return) | | | 0 1 |
| Applica | tion | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 99 | 00 or Form 990-EZ | 01 | Form 1041-A | | | 08 |
| Form 47 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 99 | 90-PF | 04 | Form 5227 | | | 10 |
| Form 99 | 00-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 99 | 00-T (trust other than above) | 06 | Form 8870 | | | 12 |
| Form 99 | 90-T (corporation) | 07 | | | | |
| • If this box > 1 In th > | e organization named above. The extension is for the orga | Group Exe and atta AUGUS anization's , an | mption Number (GEN) I ch a list with the names and TINs of ST 15, 2024 , to file return for: d ending | f this is fo all membe | r the whole group ers the extension npt organization r | is for. |
| <u>a</u> ı b If | this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overpa | , enter any | refundable credits and | 3a 3b | \$ | 0. |
| | alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See | | | 3c | \$ | 0. |
| | : If you are going to make an electronic funds withdrawal | | | | d Form 8879-TE 1 | |

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

Form 8868 (Rev. 1-2022)

| 12/4/23, 11:04 AM | https://efile.prosyste | emfx.com/ |
|------------------------------------------------------------|---------------------------------|-----------------------------------------------------------|
| Product: Exempt Extension Name: Dollar Energy Fund, Inc | Category: | IRS Center: Ogden e-Postmark: 12/4/2023 9:19 AM |
| FEIN: *****2933 | Plan Number: | Notification: |
| Bank Info: Fiscal Year Begin Date: 10/1/2022 | Fiscal Year End Date: 9/30/2023 | eSigned: |
| IRS Message: | | |

Return Information

| Date | Return ID | Type of Activity | Submission ID | Refund/(Due) | Updated By | eSign Date |
|------------|------------|----------------------------------------------------|----------------------|--------------|--------------|------------|
| 12/04/2023 | 22X:515:V1 | Upload Started | | | Clever,Kathy | |
| 12/04/2023 | 22X:515:V1 | Released for Transmission - Validation in Progress | | | Clever,Kathy | |
| 12/04/2023 | 22X:515:V1 | Ready to transmit - Validation Complete | | | | |
| 12/04/2023 | 22X:515:V1 | Transmitted to FD | 2557092023338032be21 | | | |
| 12/04/2023 | 22X:515:V1 | Accepted by FD on 12/4/2023 | | | | |

ID Status Date

Status

State/Other

State Category

FBAR FBAR BSA ID