

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024**Open to Public
Inspection**A** For the 2024 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

NEIGHBORUP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

187 HIGH HOUSE ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CARY, NC 27511

F Name and address of principal officer: ALGER FABER

SAME AS C ABOVE

D Employer identification number

56-0953873

E Telephone number

919-469-9861

G Gross receipts \$

9,784,259.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.DORCASCARY.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1983**M** State of legal domicile: NC**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 91
6 Total number of volunteers (estimate if necessary)	6 1050
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year 807,644. Current Year 7,492,407.
9 Program service revenue (Part VIII, line 2g)	3,820,279. 1,917,300.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,994. 75,249.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-120,736. -4,249,169.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,559,181. 5,235,787.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,910,997. 3,315,666.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,084,243. 791,909.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 23,315.
b Total fundraising expenses (Part IX, column (D), line 25)	157,960.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,199,738. 767,984.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,194,978. 4,898,874.
19 Revenue less expenses. Subtract line 18 from line 12	-635,797. 336,913.
20 Total assets (Part X, line 16)	Beginning of Current Year 8,475,553. End of Year 10,904,639.
21 Total liabilities (Part X, line 26)	111,766. 423,778.
22 Net assets or fund balances. Subtract line 21 from line 20	8,363,787. 10,480,861.

Part II Signature Block

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

Sign Here	Signature of officer <u>Alger Faber</u>		Date <u>11/17/2025</u>	
	Type or print name and title <u>ALGER FABER, CFO</u>			
Paid Preparer Use Only	Preparer's name <u>REBECCA FISHER</u>	Preparer's signature <u>REBECCA FISHER</u>	Date <u>11/17/25</u>	Check if self-employed ☐ PTIN <u>P01690017</u>
	Firm's name <u>SHARPE PATEL CPA</u>	Firm's EIN <u>84-4233121</u>	Phone no. (704) 499-3893	
Firm's address <u>5510 SIX FORKS ROAD, SUITE 140</u>		<u>RALEIGH, NC 27609</u>		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No