Form	99	0
Departe	nent of the T	reasury

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

212-867-4000

. X Yes

No

Form 990 (2022)

Phone no.

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

Department of the Treasu Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

		enue Servic		about Form 990 and its i	Instructions		-	5///1990.		Inspection
A F	or th	ne 2022	calendar year, or tax year begin			and endin			06	/30/2023
R c	hook if o	pplicable:	Name of organization JEWISH	COMMUNITY COUNC	IL OF G	REATER C	CONEY	D Employer id	entifio	cation number
	_		ISLAND INC.							
	Addr chan		Doing Business As							65181
	Name	e change	Number and street (or P.O. box if mail is	1	E Telephone n	r				
	Initia	l return	3001 WEST 37TH STREET	(7	18)	449-5000				
	Term	ninated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amer retur		BROOKLYN, NY 11224					G Gross receip	ts \$	66,054,908.
	Appli pend	ication F ling	Name and address of principal officer:	MOSHE WIENER			1	H(a) Is this a gro subordinates		rn for Yes X No
			3001 WEST 37TH STREET	T, BROOKLYN, NY	11224		I	H(b) Are all subord		ncluded? Yes No
<u> </u>	Tax-ex	kempt stat	us: X 501(c)(3) 501(c) (	) ┥ (insert no.)	4947(a)(1) c	or 527	,	If "No," attac	ch a lis	t. (see instructions)
J	Webs	ite: 🕨	WWW.JCCGCI.ORG				1	H(c) Group exem	ption n	umber 🕨
ĸ	Form	of organiz	ation: X Corporation Trust	Association Other ►		L Year of	formatio	on: 1973 <b>M</b>	State	of legal domicile: NY
Pa	art I	Sum	mary							
	1	Briefly	describe the organization's mission o	r most significant activities:	: TO PR	OVIDE A	COMP	REHENSIV	E R	ANGE OF HUMAN
e		AND S	SOCIAL_SERVICES_TO_INDI	VIDUALS AND NON	PROFIT	' ORGANIZ	ZATIO	NS ACROS	S	
Governance		NYC.								
veri	2	Check t	this box 🕨 📃 if the organization d	liscontinued its operations	s or dispose	d of more tha	n 25% d	of its net asset	s.	
ŝ	3	Number	r of voting members of the governing	body (Part VI, line 1a)					3	16
کہ م	4		r of independent voting members of t						4	16
Activities &	5	Total nu	umber of individuals employed in cale	endar year 2022 (Part V, lir	ne 2a)				5	1,377
ž	6		umber of volunteers (estimate if neces						6	500
Ă	7a	Total ur	nrelated business revenue from Part V						7a	27,077.
			elated business taxable income from						7b	NONE
								Prior Year		Current Year
ø	8	Contrib	utions and grants (Part VIII, line 1h)				-	79,802,19	92.	65,938,994.
Revenue	9		n service revenue (Part VIII, line 2g)			for		36,5	20.	37,014.
eve	10		nent income (Part VIII, column (A), line		PUBLIC IN	SPECTION		22,7	81.	51,823.
œ	11	Other re	evenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				35,7	52.	27,077.
	12		evenue - add lines 8 through 11 (must			r	-	79,897,24	15.	66,054,908.
	13	Grants	and similar amounts paid (Part IX, colu	umn (A), lines 1-3)				172,58	37.	315,965.
	14	Benefits	s paid to or for members (Part IX, colu	ımn (A), line 4)		[		N	ONE	NONE
ş	15		s, other compensation, employee bene					36,731,19	95.	18,188,297.
Expenses	16a	Profess	ional fundraising fees (Part IX, column	n (A), line 11e)				266,44	10.	105,457.
xpe			ndraising expenses (Part IX, column (I							
ш	17	Other e	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				36,763,03	36.	46,735,331.
			penses. Add lines 13-17 (must equal					73,933,25	58.	65,345,050.
	19	Revenu	e less expenses. Subtract line 18 from	n line 12				5,963,98	37.	709,858.
s or							Beginn	ing of Current `	Year	End of Year
set	20	Total as	ssets (Part X, line 16)			[		21,780,63	35.	26,341,691.
Net Assets or Fund Balances	21		abilities (Part X, line 26)					13,243,43	36.	17,094,634.
Pun	22		ets or fund balances. Subtract line 21					8,537,19	99.	9,247,057.
Pa	rt II	Sigr	nature Block							
			perjury, I declare that I have examined th omplete. Declaration of preparer (other than						fmy	knowledge and belief, it is
inue	., cone					n hichaici ilas		meuge.		
<b>C</b> :										
Sig		🚩 s	ignature of officer					Date		
He	e									
		T <u></u>	ype or print name and title							
		Print/Ty	/pe preparer's name	Preparer's signature		Date		Check	if I	PTIN
Paic		AAROI	N SHAPIRO	AARON SHAPIRO		04/10/	<u>/202</u> 4	self-employ	ed	P01333816
-	parer Only	Firm's r	name 🕨 FORVIS, LLP					Firm's EIN 🕨	4	4-0160260
- 30	- Criny									

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address > 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036

JEWISH	COMMUNITY	COUNCIL	OF	GREATER	CONEY
0 111 1011	001110101111	COONCIL	01	OICDITTDIC	CO1011

For	990 (2022)	Page <b>2</b>
Ра	t III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	X
•	EE SCHEDULE O	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?	No
	"Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
		< No
	"Yes," describe these changes on Schedule O.	od by
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
	ne total expenses, and revenue, if any, for each program service reported.	,
4a	Code:         ) (Expenses \$ 37,476,576. including grants of \$ ) (Revenue \$ )	
	EE SCHEDULE O	
4b	Code:         ) (Expenses \$ 4,895,321. including grants of \$ ) (Revenue \$ )	
	EE SCHEDULE O	
4c	Code:         ) (Expenses \$ 3,804,769. including grants of \$ ) (Revenue \$ ))	
	EE SCHEDULE O	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
<u> </u>	Expenses \$ 15,024,816. including grants of \$ 315,965. ) (Revenue \$ 37,014. )	
JSA	Total program service expenses     61,201,482.       0.1.000     Form 990	(2022)
2E1	01.000 6289RN V01B 04/10/2024 17:17:35 V22-7.11 1181508	()

Page 3

Part	V Checklist of Required Schedules			
			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	_		
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
		3		
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		Х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
0				37
•	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		Х
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		Х
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	
h	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
	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
C		44-		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ļ
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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		140		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Í
	fundraising, business, 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			ĺ
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	Í
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 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?			- 22
13		10		v
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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			Í
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

JSA 2E1021 1.000

Form 990 (2022)

Form 990 (2022)

Page	4

-	90 (2022)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			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	X	
24 a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		<u></u>
D D	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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, 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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25 -	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			21
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA		-	000	(0000)

JSA 2E1030 2.000

JEWISH COMMUNITY COUNCIL OF GREATER CONEY

Form 990 (2022)

11-2665181

Page 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. <b>2a</b> 1,377			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 9	990 (2022) JEWISH COM	UNITY COUNCIL OF GREATER CONEY	11-266	5181	F	Page 6
Part		<b>Disclosure.</b> For each "Yes" response to lines describe the circumstances, processes, or char				
	Check if Schedule O contains a respo	use or note to any line in this Part VI	iges on schedule O.	366 III	Siruc	
0				• • •		Х
Sect	tion A. Governing Body and Managemen				Yes	No
					res	NO
1a		overning body at the end of the tax year		-		
	If there are material differences in voting r	ghts among members of the governing body, uthority to an executive committee or sim	Or   ilar			
	committee, explain on Schedule O.	unonty to an executive committee of sim				
b	Enter the number of voting members include	d on line 1a, above, who are independent	<b>1b</b> 16	-		
2	Did any officer, director, trustee, or key em	ployee have a family relationship or a busines	s relationship with			
	any other officer, director, trustee, or key em	loyee?		2		X
3	Did the organization delegate control over	nanagement duties customarily performed by	or under the direct			
	supervision of officers, directors, trustees, or	key employees to a management company or ot	her person?	3		X
4	Did the organization make any significant change	to its governing documents since the prior Form 990	was filed?	4		Х
5		e year of a significant diversion of the organizati		5		Х
6		olders?		6		Х
7a	5	olders, or other persons who had the power				
		· · · · · · · · · · · · · · · · · · ·		7a		Х
b	<b>•</b> • • •	ganization reserved to (or subject to appro				
~		ning body?		7b		х
8		cument the meetings held or written actions				
Ū	the year by the following:	sument the meetings held of written detons	undertaken during			
а				8a	Х	
a h		If of the governing body?		8b	Х	
9		employee listed in Part VII, Section A, who ca				
3	the organization's mailing address? If "Yes."	rovide the names and addresses on Schedule O.	inot be reached at	9		x
Secti		formation about policies not required by the		-	)	
					Yes	No
100	Did the organization have lead chapters ha	achea ar affiliataa?		10a		x
		nches, or affiliates?				
b		olicies and procedures governing the activities		10b		
44 -	•	ions are consistent with the organization's exem		11a	X	
11a		his Form 990 to all members of its governing body be	-	1 Tu		
b		used by the organization to review this Form 990		12a	Х	
12a	-	interest policy? If "No," go to line 13		120	Δ	
b		employees required to disclose annually intere-	•	126	v	
				12b	Х	
С		ntly monitor and enforce compliance with the		100		
				12c	X	
13	-	wer policy?		13	X	
14	-	retention and destruction policy?		14	Х	
15		tion of the following persons include a review				
	independent persons, comparability data, and	contemporaneous substantiation of the deliber	ation and decision?			
а	The organization's CEO, Executive Director,	or top management official		15a	Х	
b		zation		15b	Х	
	If "Yes" to line 15a or 15b, describe the proc	ess on Schedule O. See instructions.				
16a	Did the organization invest in, contribute a	ssets to, or participate in a joint venture or s	imilar arrangement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a writt	en policy or procedure requiring the organiza	tion to evaluate its			
	participation in joint venture arrangements	inder applicable federal tax law, and take step	s to safeguard the			
	organization's exempt status with respect to	such arrangements?		16b		
Secti	tion C. Disclosure					
17	List the states with which a copy of this Forn	990 is required to be filed <u>NY</u> ,				
18	Section 6104 requires an organization to m	ke its Forms 1023 (1024 or 1024-A, if applica ate how you made these available. Check all tha		T (sec	tion 5	01(c)
	X Own website Another's website	X Upon request Other <i>(explain c</i>	n Schedule O)			
19	Describe on Schedule O whether (and if so	, how) the organization made its governing d	ocuments, conflict o	of inter	est n	olicy.
	and financial statements available to the pub		,		· F	ζ,
20	•	ber of the person who possesses the organization	on's books and record	ds		
		1 WEST 37TH STREET BROOKLYN, NY				
	718-449-5000			Form	990	(2022)
JSA 2E1042	12 1.000					

6289RN V01B	04/10/2024	17:17:35	V22-7.11	1181508

JSA

Page 7 and

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles:	Pos ieck s pe	erson	e than c is both cor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ed				
(1) RABBI MOSHE WIENER	35.00									
EXECUTIVE DIRECTOR	NONE			Х				305,897.	NONE	36,720.
(2) ABRAHAM J. PEARL	35.00									
CFO	NONE			Х				251,123.	NONE	29,091.
(3) TERRI LEVY	35.00									
CO-CONTROLLER	NONE					X		163,365.	NONE	30,216.
(4) RIVA HELLER	35.00									
CHIEF OF STAFF	NONE					X		160,510.	NONE	29,091.
(5) ORAH ALON	30.00									
HUMAN RESOURCES DIRECTOR	NONE					X		142,481.	NONE	29,091.
(6) YEHUDIS H. LEVI	35.00									
CO-CONTROLLER	NONE					X		169,174.	NONE	NONE
(7) AVIGAIL ADLER	35.00									
TRANSPORTATION DIRECTOR	NONE					X		120,598.	NONE	NONE
(8) IRWIN JANKOWICZ	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(9) NACHAMAH JACOBOVITZ	0.80									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(10) MALKIE AKERMAN	0.60									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(11) ELI AUERBACH, CPA	0.60									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(12) NICOLE ROBINSON-ETIENNE	0.60									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) OLGA FORT	0.60									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) ANITA GARCIA	0.60									
DIRECTOR	NONE	Х						NONE	NONE	NONE
										Form <b>990</b> (2022)

Form	990	(2022)	

Part VII Section A. Officers, Directors, Tr (A) Name and title	week (list any hours for				(B) (C) Average Position hours per eek (list any hours for officer and a director/trustee				(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) MURIEL KERZER	0.60 NONE	x						NONE	NONE	NON
6) SOLOMON KLEINBART	0.60							NONE	NONE	NOI
DIRECTOR	NONE	x						NONE	NONE	NON
7) TONDALAYA LONDON	0.60							none	nond	
DIRECTOR	NONE	x						NONE	NONE	NON
8) RABBI HENOCH POLANSKY	0.60									
DIRECTOR	NONE	x						NONE	NONE	NON
9) PATRICIA RANDOLPH	0.60									1.01
DIRECTOR	NONE	x						NONE	NONE	NON
0) ORSOLA FRANCES ROGGIO	0.60							none		
DIRECTOR	NONE	x						NONE	NONE	NON
1) ELIHU ROMANOFF, MD	0.60									
	NONE	x						NONE	NONE	NON
2) JACOB SOLOME, MD	0.60									
 DIRECTOR	NONE	x						NONE	NONE	NOI
3) HAROLD STEINBERG	0.60									
DIRECTOR	NONE	x						NONE	NONE	NON
								1 212 140	NONT	1 5 4 . 0 0 0
b Sub-total	Continu A	• • •	•••	• •	• •	• • •		1,313,148. NONE	NONE	154,209 NON
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								1,313,148.	NONE	154,209
Total number of individuals (including but not reportable compensation from the organization Did the organization list any <b>former</b> office	limited to t on ► cer, directo	hose or, or	liste tru	d al	e,	e) who 15 key e	emp	ceived more than	compensated	Yes No
employee on line 1a? If "Yes," complete Scheo For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	ole c	com	pen	satio	n ai	nd other compens	sation from the	3 2
individual										<b>4</b> X
Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	from	n any	un	related organization	on or individual	
for services rendered to the organization? If "	(es," comple	te Scl	nedu	ile J	I for	such	per	son		5 2
Section B. Independent Contractors					<b>a</b> c - <sup>1</sup>			hat reactive if the	then \$100,000 f	
Complete this table for your five highest con compensation from the organization. Report year.										
(A) SEE SCHEDULE O Name and business ad	dress							(B) Description of se	rvices Co	(C) ompensation

JSA 2E1055 1.000

Form 990 (2022)

### Form 990 (2022)

# JEWISH COMMUNITY COUNCIL OF GREATER CONEY Part VIII Statement of Revenue

г

		Check if Schedule O contains a resp	onse or note to an	y line in this Part V	/		
		· · · · · · · · · · · · · · · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Ś.	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰÊ	c	Fundraising events					
fts,	d	Related organizations					
ila		Government grants (contributions)	21,286,352.				
Sim's,	f	All other contributions, gifts, grants,					
ž		and similar amounts not included above 1	44,652,642.				
ţp		Noncash contributions included in	11,052,0121				
5 G	g	lines 1a-1f	\$ 37,423.				
anco	h	Total. Add lines 1a-1f		65,938,994.			
			Business Code	00,000,001.			
ġ		PARTICIPANT FEES	624100	37,014.	37,014.		
, vio	2a		024100	57,014.	57,014.		
Sei	b						
E N	C						
gra	d						
Program Service Revenue	e						
	f	All other program service revenue		37,014.			
	g	Total. Add lines 2a-2f		57,014.			
	3	Investment income (including dividends		51,823.			51,823.
		other similar amounts)		NONE			51,825.
	4 5	Income from investment of tax-exempt bor		NONE			
	5	Royalties	(ii) Personal	NONE			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c NO	-	NONE			
	d	Net rental income or (loss)         Gross amount from	(ii) Other	NONE			
	7a						
		sales of assets					
		other than inventory 7a					
Revenue	b	Less: cost or other basis					
ver		and sales expenses <b>7b</b>					
Re							
ler	a	ů ( )		NONE			
Other	8a	Gross income from fundraising					
-		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18					
	b	Less: direct expenses					
	С	Net income or (loss) from fundraising event	S	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	<u></u>	NONE			
	10a	Gross sales of inventory, less	NONE				
		returns and allowances 10					
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory.		NONE			
Miscellaneous Revenue			Business Code	0.0.000		00.000	
nec	11a	STAFFING ASSISTANCE	900099	27,077.		27,077.	+
ella ver	b						+
Re	C						
Ϊ	d	All other revenue		09 099			
		Total Add lines 11a-11d		27,077.	28.014	00.000	E1.000
	12	Total revenue. See instructions		66,054,908.	37,014.	27,077.	51,823.

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic 315,965 315,965. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 632,980. 619,742. 13,238. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 14,816,829. 12,830,920. 1,946,233. 39,676. NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,551,056. 1,288,048. 259,324 3,684. <u>3,31</u>2. 1,187,432. 950,904. 233,216. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 72,720. 72,720 c Accounting 3,294 3,294. d Lobbying 105,457 105,457. e Professional fundraising services. See Part IV, line 17. 8,697 8,697. f Investment management fees SEE SCHE O g Other. (If line 11g amount exceeds 10% of line 25, column 96,085. 38,428,420. 38,315,619. 16,716. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 80,513 75,977 1,031 3,505. 1,273,689. 1,126,174. 127,678. 19,837. 13 Office expenses NONE 14 Information technology NONE 15 Royalties 1,195,749. Occupancy 1,278,055. 82,306. 16 2,314,534. 2,314,097. 437. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials NONE Conferences, conventions, and meetings 19 Interest NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 317,917 237,529 78,988. 1,400. 22 6,470. 114,253. 107,783. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a FOOD 1,994,125. 1,994,125. 299,209 VOCATIONAL TRAINING 788,154 488,945 b c PARTICIPANT STIPENDS 60,960. 60,960 d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 65,345,050 61,201,482. 3,933,449 210,119. Joint costs. Complete this line only if the 26 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)

Form 990 (2022)

JSA 2E1053 2.000 Page **11** 

	Check if Schedule O contains a response or note to any line in this Pa	(A)	• • • •	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	5,004,405.	1	4,757,821
2	Savings and temporary cash investments.	617,050.	2	1,477,770
3	Pledges and grants receivable, net	12,348,530.	3	13,616,229
4	Accounts receivable, net	NONE	4	NON
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	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
្ព 7	Notes and loans receivable, net	NONE	7	NON
7 7 8 0 8 0 8 0 8 0 8 0 8 0 8 0 8 0 8 0	Inventories for sale or use	NONE	8	NON
≮  9	Prepaid expenses and deferred charges	51,552.	9	166,346
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 5,218,297.			
k	Less: accumulated depreciation	1,068,899.	10c	1,197,911
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	855,911.	12	890,021
13	Investments - program-related. See Part IV, line 11	NONE	13	NOI
14	Intangible assets	NONE	14	NOI
15	Other assets. See Part IV, line 11	1,834,288.	15	4,235,593
16	Total assets. Add lines 1 through 15 (must equal line 33)	21,780,635.	16	26,341,691
17	Accounts payable and accrued expenses	10,714,347.	17	12,538,071
18	Grants payable	NONE	18	NOI
19	Deferred revenue	1,529,089.	19	400,567
20	Tax-exempt bond liabilities	NONE	20	NOI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NOI
ក្ល 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
an	controlled entity or family member of any of these persons	NONE	22	NOI
<sup>3</sup> 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NOI
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NOI
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,000,000.	25	4,155,996
26	Total liabilities. Add lines 17 through 25	13,243,436.	26	17,094,634
27 28 29 30 31 32 32	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	8,083,581.	27	8,724,534
<u> </u>	Net assets with donor restrictions.	453,618.	28	522,523
2	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
1 32	Total net assets or fund balances	8,537,199.	32	9,247,057
33	Total liabilities and net assets/fund balances	21,780,635.	33	26,341,691
		<u> </u>		Form <b>990</b> (2022

Page 12         Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part XI, column (A), line 12)       1       66, 054, 908, 2         2       Total expenses (must equal Part X, column (A), line 25)       2       65, 345, 050, 3         2       Revenue less expenses. Subtract line 2 from line 1       3       709, 858, 4         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       8, 537, 199         5       Donated services and use of facilities       5       6         7       Investment expenses       7       8         9       Other changes in net assets or fund balances (explain on Schedule 0).       8       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       9       9         11       Financial Statements and Reporting       1       10       9, 247, 057         Part XII       Financial Statements and Reporting       X       Accrual       Other		JEWISH COMMUNITY COUNCIL OF GREATER CONEY 11-	2665181			
Check if Schedule O contains a response or note to any line in this Part XI       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 </th <th>Form 99</th> <th>90 (2022)</th> <th></th> <th></th> <th>Pa</th> <th>ge <b>12</b></th>	Form 99	90 (2022)			Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       66,054,908         2       Total expenses (must equal Part IX, column (A), line 25)       2       65,345,050         3       Revenue less expenses. Subtract line 2 from line 1       3       709,858         4       8,537,199       4       8,537,199         5       Net unrealized gains (losses) on investments       6       7         6       0       7       8         7       8       Prior period adjustments       6         7       8       9       Other changes in net assets or fund balances (explain on Schedule 0).       9         9       Other changes in net assets or fund balances (explain on Schedule 0).       9       10       9,247,057         9       Check if Schedule C contains a response or note to any line in this Part XII.       10       9,247,057         9       Check if Schedule O contains a response or note to any line in this Part XII.       10       2       2         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       1       Yes       No         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       2       X       1         1       Accounting m	Part	XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       65, 345, 050         3       Revenue less expenses. Subtract line 2 from line 1       3       709, 858         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       8, 537, 199         5       Donated services and use of facilities       5       6         7       7       7       7         8       Prior period adjustments       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       9, 247, 057         11       Financial Statements and Reporting       10       9, 247, 057         12       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       1         14       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:       1       2a       X         16       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:       2b       X         16       Yes," check a box below to		Check if Schedule O contains a response or note to any line in this Part XI				
3       Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,0	54,	<u>908</u> .
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       8, 537, 199         5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       7       8         9       Other changes in net assets or fund balances (explain on Schedule 0).       7         9       Other changes in net assets or fund balances (explain on Schedule 0).       9         10       9, 247, 057         Part XIII       Financial Statements and Reporting       9         Check if Schedule O contains a response or note to any line in this Part XII.       9         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Yes       No         2a       X       Yes       No         1       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:       2a       X         1       Yes       No       2a       X         1       Yes, check a box below to indicate whether the financial statements for the year were compiled or a separate basis. consolidated basis	2	Total expenses (must equal Part IX, column (A), line 25)	2	65,3	45,	050.
5       Net unrealized gains (losses) on investments       5       6         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       7         9       Other changes in net assets or fund balances (explain on Schedule O).       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B).       9         10       9, 247, 057.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.       10         9       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 O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         If "Yes," to line 2 aor 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	3	Revenue less expenses. Subtract line 2 from line 1	3	7	09,	858.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         10       Net assets or fund balances (explain on Schedule O).       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       9         32. column (B)       10       9, 247, 057.         Part XII       Financial Statements and Reporting       10       9, 247, 057.         Check if Schedule O contains a response or note to any line in this Part XII.       1       1         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 O.       2a       X       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,5	37,	<u>199</u> .
7       investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O).       8         9       Other changes in net assets or fund balances (explain on Schedule O).       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       9         11       Prior period adjustments and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       10       9, 247, 057.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       10       9, 247, 057.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       24       X         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       2a       X         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were compiled or a se	5	Net unrealized gains (losses) on investments	5			
<ul> <li>a Prior period adjustments</li></ul>	6	Donated services and use of facilities	6			
<ul> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li></ul>	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         32, column (B))       10       9, 247, 057         Part XII       Financial Statements and Reporting       10       9, 247, 057         Check if Schedule O contains a response or note to any line in this Part XII.       10       9, 247, 057         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 O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain on Schedule O.       2c       X         3a As a result of a federal award, was the organization required to undergo an audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	8	Prior period adjustments	8			
32, column (B))       9, 247, 057         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       Image: Check if Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O contains a response or note to any line in this Part XII.       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check alpha contains a response or note to any line in this Part XII.       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check alpha contains a responsion of the secontains and the prepare the secontains a responsion of the secontains of the reganization changed either its oversight process or selection of an independent accountant?       2b       X         1       If "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       Both consolidated on a undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       Both	9	Other changes in net assets or fund balances (explain on Schedule O).	9			
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.       Image: Check if Schedule O contains a response or note to any line in this Part XII.         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 O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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.       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis.       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountar?	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII.       Image: Schedule O contains a response or note to any line in this Part XII.         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 O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis is Both consolidated and separate basis       2b       X         If "Yes," to kek a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis is Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t			10	9,2	47,	<u>057</u> .
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990: □ Cash X Accrual □ Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2a       X         Separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, exp	1					
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         if the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Pa		If the organization changed its method of accounting from a prior year or checked "Other,	' explain on			
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:       Image: Consolidated basis, or both:       Im		Schedule O.				
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?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b       X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant	?	2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:         <ul> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were	compiled or			
<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>		reviewed on a separate basis, consolidated basis, or both:				
<ul> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li></ul>		Separate basis Consolidated basis Both consolidated and separate basis				
<ul> <li>separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: the separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were a	udited on a			
<ul> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li></ul>						
the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b       X		X Separate basis Consolidated basis Both consolidated and separate basis				
the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b       X	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight of			
Schedule 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?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b       X		the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b X		If the organization changed either its oversight process or selection process during the tax yea	, explain on			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b X		Schedule O.				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X				3a	X	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not	undergo the			
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo suc	h audits	3b		

<b>F</b>	000	(2022)
Form	330	(2022)

6289RN V01B 04/10/2024 17:17:35 V22-7.11 1181508

SCHEDULE	Α
(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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go t				Go to www.irs.gov/Form990 for instructions and the latest information.					
Name	e of the organization	I JEWISH COM	MUNITY COUNC	IL OF GREATER (	CONEY		Employer identif	Inspection ication number	
	LAND INC.						11-2	665181	
Par	rt Reason f	or Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	IS.	
The	organization is no	t a private fou	indation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1	A church, cor	vention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).		
2	A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)			
3	A hospital or	a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4	A medical res	search organiz	zation operated in	conjunction with a host	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
	hospital's nar	ne, city, and s	tate:						
5		•		a college or universi	y owned	d or ope	erated by a governme	ental unit described in	
6			Complete Part II.)	rnmental unit describe	d in <b>soct</b>	ion 170/	'h\/1\/ <u>A</u> \/y\		
7		-	-					om the general public	
'			)(1)(A)(vi). (Compl	-	ipport in	oni a yo		oni the general public	
8				o)(1)(A)(vi). (Complete	Dort II )				
9			-				in conjunction with a	land grant college	
9			-			-	name, city, and state o		
	university:		grant conege of a		.ions). L		name, city, and state o	The conege of	
10	An organizati receipts from support from acquired by t	activities rela gross investn he organizatio	nted to its exempt for the income and u for after June 30, 1	functions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (les Complete		n 331/3 % of its	
11	<u> </u>	•	•	usively to test for publ	•				
12		-			-			ry out the purposes of	
			-			-		ction 509(a)(3). Check	
		-					and complete lines 1	-	
а			-	-	-		orted organization(s),		
		-				ajority of	f the directors or truste	es of the	
				te Part IV, Sections A					
b			-				supported organizati		
		-		-	the sam	e persor	ns that control or mar	age the supported	
				, Sections A and C.					
С		-					n with, and functiona	lly integrated with,	
		-		ns). You must comple					
d		-			-		ection with its suppor		
		-			-		oution requirement and	d an attentiveness	
	· ·		,	omplete Part IV, Sect					
е		•					hat it is a Type I, Type I	п, туре п	
£	-	-		ionally integrated sup		organizat	lion.		
t a			-	orted organization(s).				•••••	
g	(i) Name of supported	-	(ii) EIN	(iii) Type of organization	(iv) lo the	organization	(v) Amount of monetary	(vi) Amount of	
	(I) Name of supported	organization		(described on lines 1-10		ur governing	support (see	other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								
For F	Paperwork Reduction	on Act Notice. s	see the Instructions	for Form 990 or 990-EZ.			<u> </u> S		

JSA 2E1210 1.000

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,509,218.	41,625,116.	44,995,423.	79,802,192.	65,938,994.	268,870,943.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	36,509,218.	41,625,116.	44,995,423.	79,802,192.	65,938,994.	268,870,943.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						143,227,483.
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						125,643,460.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	36,509,218.	41,625,116.	44,995,423.	79,802,192.	65,938,994.	268,870,943.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,838.	45,870.	50,097.	22,781.	51,823.	212,409.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	36,329.	25,988.	33,443.	35,752.	27,077.	158,589.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,703.		4,316.			8,019.
11	Total support. Add lines 7 through 10						269,249,960.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	248,508.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	oort Percentag	ge				
14	Public support percentage for 2022 (lir	ne 6, column (f)	, divided by line	11, column (f))		14	46.66 <b>%</b>
15	Public support percentage from 2021 \$	Schedule A, Pa	rt II, line 14			15	49.66 <b>%</b>
16a	331/3% support test - 2022. If the org	anization did n	ot check the box	x on line 13, an	id line 14 is 33	1/3 % or more, c	
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2021. If the org						
	this box and <b>stop here.</b> The organizatio	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
h	organization						
D	10%-facts-and-circumstances test - 2				•		
	15 is 10% or more, and if the organiz-					-	•
	in Part VI how the organization meets			-	-		
10	organization						
18	<b>C</b>						
	instructions						<u></u>

Schedule A (Form 990) 2022

Page 3

Schedule A	(Form	990	) 2022
00110000071	(1 01111	000	, 2022

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		_				_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is fo	0	,		,		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•					
15	Public support percentage for 2022 (line 8					15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (li					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check thi	-	•				
b	331/3% support tests - 2021. If the org						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo		
JSA 2E122	1 1.000					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.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b 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.)

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

Schedule A (Form 990) 2022

			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 <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

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 "No," describe in Part VI how the supported organization(s)</i>
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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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

Yes No 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

# 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 <b>Part VI</b> 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	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 year (see instructions).					
а	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	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).					
2	2 Activities Test. Answer lines 2a and 2b below.					

а	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 <b>Part VI identify those supported organizations and explain</b> 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.	2a	
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? <i>If</i> "Yes," <i>explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If</i> "Yes" or " <i>No</i> ," provide details in <b>Part VI</b> .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Schedule A (Form 990) 2022

| 3b

1

2

Page 6

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

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

Se	ction 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		
Se	ction 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 <b>Part VI</b> ):			
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		
	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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
2	emergency temporary reduction (see instructions).	6		

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

-	le A (Form 990) 2022				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		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 resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	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				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	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:				
	Excess from 2018				
	Excess from 2019				
<u>ح</u>	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022

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 - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER	3,703.		4,316.			8,019.
TOTALS	3,703.		4,316.			8,019.

# Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

# Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization

JEWISH	COMMUNITY	COUNCIL	OF	GREATER	CONEY
ISLAND	INC.				

11-2665181

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 organization is covered by the General Rule or a Special Rule.

**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**

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

**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).

	3 (Form 990) (2022) organization JEWISH COMMUNITY COUNCIL OF GRE ISLAND INC.	ATER CONEY	Page 2 Employer identification number 11-2665181
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	\$ 41,229,697.	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	N/A	\$6,438,316.	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>N/A</u>	\$2,894,486.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$1,580,310.	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>N/A</u>	\$1,947,056.	Person     X       Payroll     Image: 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.)

me of or	ganization JEWISH COMMUNITY COUNCIL OF GREATER CO		Pa dentification number
	ISLAND INC.		-2665181
art II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(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
		\$	
(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
		\$	

Schedule B (Form 990) (2022)

JSA 2E1254 1.000

	(Form 990) (2022)			Page <b>4</b>
Name of or	ISLAND INC.			Employer identification number 11-2665181
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total c formation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(ạ) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a		-	hip of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee

	tment of the Treasury al Revenue Service	Compi	Go to www.irs.gov/Form990 for in		latest information.	Open to Public Inspection
		ered "Yes," o	on Form 990, Part IV, line 3, or Form			
• ;	Section 501(c)(3) org	ganizations: (	Complete Parts I-A and B. Do not comp	lete Part I-C.		
• :	Section 501(c) (other	r than sectio	n 501(c)(3)) organizations: Complete I	Parts I-A and C below	. Do not complete Part I-B.	
	Section 527 organiza	•				
			on Form 990, Part IV, line 4, or Form hat have filed Form 5768 (election ur			
			hat have NOT filed Form 5768 (election of	( ))	•	•
			on Form 990, Part IV, line 5 (Proxy		· // ·	•
Tax) (	See separate instruc	ctions), then		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································	,, <b>,</b>
			nizations: Complete Part III.			
Name	e of organization	JEWISH	COMMUNITY COUNCIL OF G	REATER CONEY		ntification number
	AND INC.	16.41	·			565181
	-		rganization is exempt under	· · /	•	
1	•		e organization's direct and indi	rect political carr	paign activities in Part	IV. See instructions for
-	definition of "politi		•		<b>^</b>	
			penditures. See instructions			
			campaign activities. See instructio			
			rganization is exempt under a ise tax incurred by the organization			
1			ise tax incurred by the organization m			
2 3			section 4955 tax, did it file Form			
	•			•		
	If "Yes," describe in					
			rganization is exempt under	section 501(c).	except section 501(c)(3	).
	-		pended by the filing organization	× 7.	• • • • • •	,
2	Enter the amount	of the filing	g organization's funds contributed	to other organiza	tions for section	
3			nditures. Add lines 1 and 2. Ent			
U						
4			Form 1120-POL for this year?			
5	Enter the names,	addresses a	and employer identification numb	er (EIN) of all sec	tion 527 political organiza	ations to which the filing
			s. For each organization listed, en			
			ibutions received that were prom d or a political action committee (			
			i	1	-	
	<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
(1)		-		-		
(2)						
(-)		-		-		
(3)						
(-)						
(4)						
(5)				-		
				1		1
(6)		F		-		

Complete if the organization is described below.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Attach to Form 990 or Form 990-EZ.

SCHEDULE C

(Form 990)

OMB No. 1545-0047

Open to Public

2

Sch	nedule C (Fo	orm 990) 2022 JEWISH	COMMUNITY COUNCIL OF GREATER CO	NEY 11-	-2665181 Pag	a <b>2</b>
Pa	art II-A	Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under	
Α	Check		longs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group mem	ber's name, addre	SS,
В	Check	if the filing organization ch	ecked box A and "limited control" provisions app	oly.		
			ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
<ul> <li>b Total lobbying expenditures to influence</li> <li>c Total lobbying expenditures (add lines 1a</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (add</li> </ul>			public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d).			
	If the an	nount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:			
	Not over	\$500,000	20% of the amount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$1	7,000,000	\$1,000,000.			
			5% of line 1f)			
ł			ess, enter -0-			
i	i Subtrac	t line 1f from line 1c. If zero or le	ess, enter -0-			
j	j If there	is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720		
	reportin		<u></u>		Yes	lo
			4-Year Averaging Period Under Section 501(h)			

# (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)	
	cription of the lobbying activity.	Yes	No	Amount	
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:		v		
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			3,294.	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
i	Total. Add lines 1c through 1i			3,294.	
2a	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				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

 Part III-B
 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

 1
 Dues accessments and similar amounts from members

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

### Part IV Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B

MEETING WITH ELECTED OFFICIALS AND THEIR STAFF, COMPLETING DISCRETIONARY FUNDING APPLICATIONS, AND URGING CLIENTS AND STAFF TO MAKE CALLS AND SIGN PETITIONS, TO SUPPORT AND/OR MAINTAIN FUNDING FOR PROGRAMS.

	IEDULE D rm 990)		ental Financia			OMB No. 1545-0047
			8, 9, 10, 11a, 11b, 11c, 11			ZULL
	artment of the Treasury	Go to your ins gov	Attach to Form 990. Form990 for instructions a		mation	Open to Public Inspection
	nal Revenue Service e of the organization	JEWISH COMMUNITY COUN			Employer identific	
	LAND INC.	JEWISH COMMONILY COON	CIL OF GREATER C	ONEI	11-2665	
_		tions Maintaining Donor Adv	ised Funds or Other	Similar Funds o		101
		e if the organization answered				
	·		(a) Donor advise		(b) Funds an	d other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		at end of year				
5	0	ion inform all donors and donor	•			
	-	inization's property, subject to the	-	-		
6	-	on inform all grantees, donors, a				
	•	e purposes and not for the bene nissible private benefit?			• • •	
Pa		tion Easements.	<u> </u>			
10		e if the organization answered	"Yes" on Form 990, F	Part IV, line 7.		
1		servation easements held by the				
	Preservatio	n of land for public use (for example	e, recreation or education)	Preservatio	n of a historically in	nportant land area
		of natural habitat		Preservatio	n of a certified histo	oric structure
		n of open space				
2		through 2d if the organization h	eld a qualified conserva	tion contribution		
		ast day of the tax year.				e End of the Tax Year
a		onservation easements			2a	
b	-	tricted by conservation easements vation easements on a certified			2b 2c	
c d		vation easements included in (c)		. ,		
u		e listed in the National Register			2d	
3		rvation easements modified, tra			minated by the org	ganization during the
	tax year					
4	Number of states	where property subject to conse	ervation easement is loca	ited		
5		ation have a written policy reg				
		orcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violati	ions, and enforcin	g conservation easer	ments during the year
-			ting handling of violation	an and anforming		manta during the year
7	Amount of expens	es incurred in monitoring, inspec	ling, handling of violation	ns, and emorcing	conservation easer	nents during the year
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the red	auirements of sec	tion 170(h)(4)(B)(i)	
2		)(4)(B)(ii)?				
9		cribe how the organization re				
	balance sheet, ar	d include, if applicable, the text	t of the footnote to the	e organization's f	financial statement	s that describes the
		ounting for conservation easeme				
Pa		tions Maintaining Collections			er Similar Assets	5.
		e if the organization answered				
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to re ts held for public exhi to its financial statemer	eport in its rever ibition, educatior its that describes	nue statement and n, or research in f these items.	balance sheet works urtherance of public
b	If the organization art, historical trea	n elected, as permitted under F. sures, or other similar assets he ing amounts relating to these iter	ASB ASC 958, to report Id for public exhibition,	rt in its revenue	statement and bal	lance sheet works o
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				
		d in Form 990, Part X				

2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the									
	following amounts required to be reported under FASB ASC 958 relating to these items:										
а	Revenue included on Form 990 Part VIII line 1	\$									

а	Revenue included on Form 990, Part VIII, line 1	)
b	Assets included in Form 990, Part X	\$

Schedule	D	(Form	990)	2022
----------	---	-------	------	------

		COMMUNITY					r Cimilar Aa		65181	Pag	e 2
_	rt III Organizations Maintaining Col Using the organization's acquisition, acc									<u> </u>	ito
3	collection items (check all that apply):			7	•		•	ike signii	icant us		ns
а	Public exhibition		d			nge progra					
b	Scholarly research		e	Other_							_
с 4	Preservation for future generations Provide a description of the organization	's collections	s and expla	iin how th	ney furth	ner the o	rganization's	exempt	purpose	in Pa	art
	XIII.										
5	During the year, did the organization solic								_		
_	assets to be sold to raise funds rather than		ained as pa	rt of the o	rganizat	ion's colle	ection?	🗌	Yes		No
Ра	rt IV Escrow and Custodial Arrange					-			_		
	Complete if the organization ar 990, Part X, line 21.						-		on For	m	
1a	Is the organization an agent, trustee, cu			-				s not	_		
	included on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part 2	XIII and comp	plete the fol	lowing tabl	e:						
							A	Amount			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					lf					
	Did the organization include an amount or								Yes	<u> </u>	No
1	If "Yes," explain the arrangement in Part 2	XIII. Check h	ere if the ex	planation l	has beer	n provideo	l on Part XIII				
Pa	rt V Endowment Funds.		. –								
	Complete if the organization ar		1								
	(a) (	Current year	(b) Prior	r year	(c) Two :	years back	(d) Three yea	irs back	(e) Four ye	ears ba	ck
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the estimated or quasi-endowment		end balance %	e (line 1g, o	column (	a)) held a	S:				
a h	Permanent endowment %		/0								
b	Term endowment %										
С	The percentages on lines 2a, 2b, and 2c s	should equal	100%								
39	Are there endowment funds not in the pos			tion that a	ire held	and adm	inistered for th				
Ju	organization by:	556551011 01 11	ie organiza						Y	es N	lo
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga								3b		
4	Describe in Part XIII the intended uses of										
_	rt VI Land, Buildings, and Equipmer Complete if the organization a	nt.				ine 11a.	See Form 9	90, Part	X, line	10.	—
	Description of property	(a) Cost or		(b) Cost or			ccumulated	(d)	Book valu	е	
1a	Land	(Inves	tment)	(oth		uep	reciation				
b	Buildings										
c	Leasehold improvements			1 00	93,861	1 4	576,228.		217	,633	 `
d	Equipment.				33,921		217,408.			,513	
u م	Other				40,515		126,750.			,765	
Tota	I. Add lines 1a through 1e. (Column (d) mu	ist equal Forr	n 990, Part						1,197		
				.,	<u>, _</u> ,,10				-1-21	, /	<u> </u>

Schedule D (Form 990) 2022

#### **Investments - Other Securities.** Part VII

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. (Column (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 11c. See Form 990, Part X, line 13.

(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)SECURITY DEPOSITS	127,119.
(2)OTHER ASSETS	13,229.
(3)INSURANCE RECEIVABLE	1,000,000.
(4)ROU ASSET	3,095,245.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,235,593.

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)SETTLEMENT PAYABLE		1,000,000.
(3) OPERATING LEASE LIABILITY		3,155,996.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 25.)	4,155,996.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 .

x

	ER CO	ONEY	11-	-2665181 Page <b>4</b>
			n.	
Total revenue, gains, and other support per audited financial statements			1	66,625,676.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments	2a			
Donated services and use of facilities	2b	579,465.		
	2c			
			2e	579,465.
-			3	66,046,211.
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,697.		
Other (Describe in Part XIII.)	4b			
Add lines <b>4a</b> and <b>4b</b>			4c	8,697.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	66,054,908.
			ırn.	
	,		1	65,915,818.
	• • •		-	
	2a	579,465.		
Prior year adjustments				
	<b>2</b> 0		1	
	20 20			
Other losses	2c			
Other losses	2c 2d		2e	579,465.
Other losses	2c 2d		2e 3	
Other losses	2c 2d			579,465. 65,336,353.
Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2c 2d			
Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2c 2d 4a			
Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d 4a 4b	8,697.		
Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 4a 4b	8,697.	3 4c	65,336,353.
	XI       Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part II         Total revenue, gains, and other support per audited financial statements       .         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part VIII, line 12, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         XII         Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part II         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	XI       Reconciliation of Revenue per Audited Financial Statements With Re Complete if the organization answered "Yes" on Form 990, Part IV, line         Total revenue, gains, and other support per audited financial statements       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments       2a         Donated services and use of facilities       2b         Recoveries of prior year grants       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       2d         Subtract line 2e from line 1       4a         Add lines 4a and 4b       4b         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         XII       Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         XII       Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements       2c         Donated services and use of facilities       2a	XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements	XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements       1         Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         Net unrealized gains (losses) on investments       2a         Donated services and use of facilities       2b         Recoveries of prior year grants       2d         Other (Describe in Part XIII.)       2d         Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         Investment expenses not included on Form 990, Part VIII, line 7b       4a         Add lines 4a and 4b       4c         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE G				OMB No. 1545-0047			
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.				2022		
Department of the Treasury	Attach to Form 990 or Form 990-EZ. evenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection		
Internal Revenue Service Name of the organization	JEWISH COMMUN					Employer identificati	
ISLAND INC.	O EWIDII COMMOI		OF GREE			11-26651	81
Part I Fundraisin	g Activities. Comp				Yes" on Form 99	90, Part IV, line 1	7.
	EZ filers are not re						
	the organization rais	ed funds through		-			
a X Mail solicita		e			non-government g		
<b>b</b> X Internet and <b>c</b> X Phone solic	email solicitations	f			government grant	S	
d X In-person so		g			ising events		
2a Did the organiza		r oral agreement w	ith any ind	dividual (ir	ncluding officers, d	lirectors, trustees,	
or key employee	s listed in Form 990	Part VII) or entity	in connec	tion with p	professional fundra	ising services?	X Yes No
	10 highest paid individent individent terms in the field of the field		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
						(v) Amount paid to	
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT	INFORMATION		Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
					1,459,980.		
	which the organizat	ion is registered o	or licensed	d to solicit	t contributions or	has been notified	it is exempt from
registration or lic	ensing.						
<u>NY</u> ,							

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

		gross receipts greater than \$5,000	0.			
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	<b>(d)</b> Total events (add col. <b>(a)</b> through
Revenue			(event type)	(event type)	(total number)	col. (c))
	_	-				
	1	Gross receipts				
Ř	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
(0	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in colu	umn (d)		
Ра	rt II	Gaming. Complete if the organization	anization answered "	Yes" on Form 990. I	Part IV. line 19. or	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.			
nue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Groce rovenue				
_	-	Gross revenue				
səsu	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lir	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)	<u></u>	
9 a		Enter the state(s) in which the organisation licensed to con-			as?	Yes No
k						
	-					
10a k		Were any of the organization's gaming f "Yes," explain:	g licenses revoked, sus			Yes No
	-					

Sched	ule G (Form 990 or 990-EZ) 2022 JEWISH COMMUNITY COUNCIL OF GREATER CONEY 11-2665181 Page
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming? Yes 🗌 No
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	amount of gaming revenue retained by the third party ► \$
с	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Part	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
PAR'	F I, LINE 2B, COLUMN (V):
ਰਹਾਰ	
	S PAID ARE BASED UPON A CONTRACT THAT INCLUDES A MONTHLY RETAINER, AS L AS A PERCENTAGE OF CONTRACTS AWARDED. EXPENSE REIMBURSEMENTS ARE NOT
	LUDED IN THE TOTAL RECORDED.

Schedule G (Form 990 or 990-EZ) 2022

#### JEWISH COMMUNITY COUNCIL OF GREATER CONEY

11-2665181

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

#### NAME:

FEINER GRANT STRATEGIES NETWORK

ACTIVITY : GRANT WRITING

# CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : 1,459,980.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 105,457.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 1,354,523.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.									
ISLAND INC.	I COUNCIL OF G	REALER CON	5 X			11-2665181				
Part I General Information on Gra										
<ol> <li>Does the organization maintain recor the selection criteria used to award th</li> <li>Describe in Part IV the organization's</li> <li>Part II Grants and Other Assistant</li> </ol>	he grants or assistanc s procedures for mon	e? itoring the use	of grant funds in th	e United States.			X Yes No			
Part IV, line 21, for any reci		-								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
_(1)										
(2)										
(3)										
_(4)										
_(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
<ul> <li>2 Enter total number of section 501(c)(</li> <li>3 Enter total number of other organizat</li> </ul>		•								

#### JEWISH COMMUNITY COUNCIL OF GREATER CONEY

11-2665181

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION ASSISTANCE	70	281,867.			
IUIIION ASSISTANCE	70	201,007.			
2 CAMP SCHOLARSHIPS	89	8,900.			
<b>3</b> EMERGENCY RELIEF DISTRIBUTION	120	25,198.			
4					
5					
6					
7					

SCHEDULE I, PART I, LINE 2

APPLICANTS APPLY FOR TUITION ASSISTANCE, CAMP SCHOLARSHIPS, OR EMERGENCY RELIEF ASSISTANCE TO THE PROGRAM DIRECTOR WHO ASSESSES EACH CANDIDATE. CRITERIA FOR TUITION ASSISTANCE OR CAMP SCHOLARSHIP AWARDS INCLUDES THE INDIVIDUAL'S ABILITY TO BENEFIT FROM THE TRAINING OR CAMPING EXPERIENCE. ALL TUITION ASSISTANCE MUST BE TOWARDS A SKILL ACQUISITION THAT WILL LEAD TO DIRECT EMPLOYMENT. ALL APPLICANTS MUST STATE THEIR INTENTION TO BE EMPLOYED IN THE AREA OF STUDY AND BE WILLING TO STAY IN CONTINUOUS CONTACT WITH THE PROGRAM. APPLICANTS MUST MAINTAIN GOOD ATTENDANCE AND

#### JEWISH COMMUNITY COUNCIL OF GREATER CONEY

11-2665181

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Port IV Supplemental Information Dravido the	information r	 Davies die Doet L	line 2 Dort III /	alumn (b), and any a	sther additional

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRADES DURING TRAINING. TUITION ASSISTANCE AWARDS ARE SUBMITTED FOR

REVIEW BY A SUPERVISOR WHO DETERMINES IF THE VOCATIONAL GOAL IS VIABLE

AND APPROVES OR DISAPPROVES THE SCHOLARSHIP TO BE AWARDED. TUITION

ASSISTANCE AWARDS ARE UP TO \$5,000 EACH WITH THE AWARDEE CONTRIBUTING TO

THE COST OF THE TUITION FOR THE COURSE(S) SELECTED. CAMP SCHOLARSHIPS AND

EMERGENCY RELIEF ASSISTANCE AWARDS ARE BASED ON MONETARY NEED AND ARE

APPROVED BY THE PROGRAM.

SCH	SCHEDULE J Compensation Information					1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	<b>n</b>	)
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3	20	L	-
Departn	nent of the Treasury		Attach to Form 990.	5.	Open to		
	Revenue Service of the organization	<b>v</b>	90 for instructions and the latest information.	Employer identification		ectio	n
		JEWISH COMMUNITY COUNCI	IL OF GREATER CONEY			er	
Part	AND INC.	ns Regarding Compensation		11-266518	31		
Fail	Questio	ns Kegarang Compensation				Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	son listed on Form	1		
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiati	on fees			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did the experiment or provision of all of the experiment	he organization follow a written policy re xpenses described above? If "No," con	egarding paymen oplete Part III to	t		
	explain				1b		
2	directors, trus	stees, and officers, including the CEC	r to reimbursing or allowing expenses D/Executive Director, regarding the items				
	1a?				2		
3	organization's	CEO/Executive Director. Check all th	on used to establish the compensation of at apply. Do not check any boxes for metho ne CEO/Executive Director, but explain in P	ods used by a			
	X Comper	sation committee	Written employment contract				
	Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	, Part VII, Section A, line 1a, with respect t	o the filing			
а	Receive a sev	verance payment or change-of-control p	payment?		4a		X
b			ntal nonqualified retirement plan?		4b		X
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each i	tem in Part III.			
	Only costion	E(1/2)(2) = E(1/2)(4) and $E(1/2)(20) = 2$	rganizations must complete lines 5-9.				
5	•		ion A, line 1a, did the organization pa		,		
5	compensation	n contingent on the revenues of:					
a					5a		X
b		e 5a or 5b, describe in Part III.			5b		X
6			ion A, line 1a, did the organization pa	av or accrue any	,		
5		contingent on the net earnings of:					
а	-				6a		Х
b					6b		X
		e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Section	on A, line 1a, did the organization prov	vide any nonfixed	1		
			lescribe in Part III		7		Х
8	-		paid or accrued pursuant to a contract th				
		-	Regulations section 53.4958-4(a)(3)? I		•		
					8		X
9			llow the rebuttable presumption procee				
	Regulations s	ection 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

11-2665181

Page **2** 

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and (D) Nontaxable	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RABBI MOSHE WIENER	(i)	303,947.		1,950.		36,720.	342,617.	
1 EXECUTIVE DIRECTOR	(ii)							
ABRAHAM J. PEARL	(i)	251,123.				29,091.	280,214.	
<b>2</b> CFO	(ii)							
YEHUDIS H. LEVI	(i)	169,174.					169,174.	
3 CO-CONTROLLER	(ii)							
TERRI LEVY	(i)	153,329.		10,036.		30,216.	193,581.	
4 CO-CONTROLLER	(ii)							
RIVA HELLER	(i)	160,510.				29,091.	189,601.	
5 CHIEF OF STAFF	(ii)							
ORAH ALON	(i)	142,481.				29,091.	171,572.	
6 HUMAN RESOURCES DIRECTOR	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2

22

**Open to Public** 

Inspection

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

JEWISH COMMUNITY COUNCIL OF GREATER CONEY

Employer identification number

11-2665181

IS	LAND	INC.
_		-

- •					
	-				

(a) Citock I applicable     Number of contribution items contribution promosile of contribution	Par	I ypes of Property	1			1			
2       An - Historical treasures			Check if	Number of contributions or	amounts reported on	Method of	deterr		
2       An - Historical treasures	1	Art - Works of art							
3       A1 - Fractional interests									
4       Books and publications	_								
5       Clothing and household goods	-								
goods		-							
6       Cars and other wehcles,	5	-							
7       Boats and planes	6								
8       Intellectual property	7								
9       Securities - Publicly traded									
10       Securities - Closely held stock	-								
11       Securities - Partnership, LLC, or trust interests	-								
or trust interests									
12       Securities - Miscellaneous	••								
13       Qualified conservation contribution - Historic structures	10								
contribution - Historic structures									
structures	13								
14       Qualified conservation contribution - Other									
contribution - Other,	4.4								
15       Real estate - Residential	14								
16       Real estate - Commercial	15								
17       Real estate - Other	-								
18       Collectibles       X       1       463.       FMV         19       Food inventory       X       1       463.       FMV         20       Drugs and medical supplies	-								
19       Food inventory       X       1       463.       FMV         20       Drugs and medical supplies									
20       Drugs and medical supplies	-			1	162				
21       Taxidermy,				<u>⊥</u>	403.	FMV			
22       Historical artifacts									
23       Scientific specimens									
24       Archeological artifacts									
25       Other ►(STIPENDS PAID))       X       53       36,960.       FMV         26       Other ►())       X       53       36,960.       FMV         26       Other ►())       X       53       36,960.       FMV         27       Other ►())       X       X       53       36,960.       FMV         27       Other ►())       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X									
26       Other ▶()				<b>F</b> 2	26.060	T-10 47 7			
27 Other ▶()       28 Other ▶()       29         29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		· /		53	36,960.	FMV			
28 Other ▶(       )       Yes       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       Yes       No         30a If "Yes," describe the arrangement in Part II.       30a If "Yes," describe the arrangement in Part II.       31 X         32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31 X         b If "Yes," describe in Part II.       32a If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       32a If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.									
<ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</li></ul>									
which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X       1       1         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1			<u> </u>						
Yes       No         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X	29					20			
<ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li></ul>		which the organization completed F	-orm 8283,	Part V, Donee Acknowledge	ement	29		Vaa	Ne
<ul> <li>28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	20-	During the year did the ergenizat	ion reaching	hy contribution any propa	the reported in Dort I line	a 1 through		Tes	
to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1<	30a					- 1			
<ul> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>			-			-	200		v
31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4       4				olaing perioa?			30a		
contributions?       31 X         32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a X         b If "Yes," describe in Part II.       33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4				tenes wellow that we will	the next of encode				
<ul> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	31	_					31	v	
contributions?       32a       X         b       If "Yes," describe in Part II.       33         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4	22-					F	31	Λ	
<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	s∠a	•	•	•	· · ·		222		v
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	L.						JZa		Λ
describe in Part II.			omount in -	olumn (a) for a time of the	north for which column (-)	) in checked			
	აა				perty for which column (a,				
	For P		ructions for Fo	rm 990.		Schedule	M (For	m 990	) 2022

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B):

ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

## 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 990-EZ.



#### FORM 990, PART III, LINE 4D

EDUCATIONAL SUPPORT SYSTEMS:

VOCATIONAL SERVICES:

VOCATIONAL SERVICES, EDUCATIONAL/YOUTH SERVICES, GUN VIOLENCE PREVENTION, OTHER SOCIAL SERVICES, SENIOR CITIZEN HOME DELIVERED MEALS, ADULT LITERACY, HOMEBOUND SENIOR VISITATION SERVICES, STORM RECOVERY AND DISASTER PREVENTION, URBAN NEIGHBORHOOD SERVICES, TECHNICAL ASSISTANCE TO NONPROFITS, FINANCIAL ASSISTANCE, COVID-19 SERVICES.

EXPENSES: 3,576,983 GRANTS: 281,867 REVENUES:

MANY CHILDREN IN NEW YORK CITY SCHOOLS FIND IT DIFFICULT TO FOCUS ON THEIR STUDIES. UNFORTUNATELY, THIS RESULTS IN POOR ATTENDANCE, IMPAIRED SCHOLASTIC ACHIEVEMENT, LACK OF MOTIVATION AND LOW SELF-ESTEEM. CHILDREN OF IMMIGRANT FAMILIES FACE COMPOUNDED CHALLENGES BECAUSE OF VARIOUS SOCIO-ECONOMIC ISSUES. THEIR PARENTS OFTEN HAVE POOR JOB SKILLS, LACK LIVING WAGE EMPLOYMENT, HAVE LIMITED ENGLISH PROFICIENCY, AND HAVE DIFFICULTY ADJUSTING TO THE AMERICAN CULTURE. BECAUSE OF THESE STRUGGLES, IMMIGRANT PARENTS ARE OFTEN UNABLE TO PROVIDE THEIR CHILDREN WITH THE EMOTIONAL, PHYSICAL, AND EDUCATIONAL SUPPORT THEY NEED. IN THE LAST THREE DECADES, JCCGCI HAS SOUGHT TO ADDRESS THESE ISSUES THROUGH ITS EDUCATIONAL SUPPORT SYSTEMS FRAMEWORK, FOUNDED IN 1991. CURRENTLY, THE FRAMEWORK INCLUDES FIVE PROGRAMS.

1) OUR ADVANTAGE AFTER SCHOOL PROGRAM (SERVING 95 MIDDLE AND HIGH SCHOOL STUDENTS IN A SITE IN QUEENS).

Department of the Treasury

## 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 990-EZ.



Internal Revenue Servic		► Informa	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organization							Employer identif	fication number
JEWISH COMMUNI	TY CC	UNCIL	OF	GREATER	CONEY		11-266	5181

2) OUR EXTENDED SCHOOL DAY/SCHOOL VIOLENCE PREVENTION PROGRAMS (SERVING

984 STUDENTS WITH AFTER-SCHOOL PROGRAMMING AT 2 PUBLIC SCHOOLS IN CONEY

ISLAND).

3) OUR COMPREHENSIVE AFTERSCHOOL SYSTEM OF NYC (COMPASS-NYC) PROGRAM (SERVING 171 YOUTH IN GRADES 6-8 AT TWO SITES IN CROWN HEIGHTS, BROOKLYN).

4) OUR HORIZONS ACADEMY WORKFORCE DEVELOPMENT PROGRAM (PROVIDING COLLEGE AND CAREER PREPARATION SERVICES TO 125 HIGH SCHOOL STUDENTS AND ALUMNI AT

ABRAHAM LINCOLN HIGH SCHOOL).

5) OUR EXPANDED SCHOOLS AFTER-SCHOOL PROGRAM (PROVIDING 85 STUDENTS IN GRADES 3-5 AT PS 101 IN BROOKLYN WITH HOMEWORK AND TUTORING ASSISTANCE).

EXPENSES: 1,515,561 GRANTS: REVENUES:

OTHER SOCIAL SERVICES:

IN 2023, THESE SERVICES INCLUDED: 25,297 SESSIONS OF ENTITLEMENT COUNSELING, ADVOCACY AND EMERGENCY ASSISTANCE SERVICES TO 3,262 ELDERLY, AND THE HEALTH INSURANCE COUNSELING CENTER THAT PROVIDED 1,669 HOURS OF HEALTH INSURANCE COUNSELING AND ADVOCACY SERVICES TO 310 CLIENTS. THROUGH THE NYC CARE OUTREACH AND PUBLIC EDUCATION PROGRAM, CASEWORKERS PROVIDED OUTREACH AND NYC CARE ENROLLMENT ASSISTANCE TO 1,301 COMMUNITY MEMBERS IN BROOKLYN. WE ALSO HOSTED CLUB2600, A MONTHLY SOCIALIZATION EVENT FOR 270 HOLOCAUST SURVIVORS AND A CULTURAL CARNIVAL IN QUEENS.

EXPENSES: 1,517,985 GRANTS: REVENUES:

#### ANTI-GUN VIOLENCE ACTIVITIES:

## 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 990-EZ.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection Inspection

 Name of the organization
 Employer identification number

 JEWISH COMMUNITY COUNCIL OF GREATER CONEY
 11-2665181

IN 2023, THROUGH JCCGCI'S "OPERATION HOOD" CURE VIOLENCE PROGRAM, 328 VIOLENCE INTERRUPTIONS OCCURRED, AND 110 HIGH-RISK YOUTH WERE MENTORED AND OFFERED MENTAL HEALTH CARE, JOB READINESS TRAINING, AND LIFE SKILLS DEVELOPMENT.

JCCGCI ALSO HAS A SCHOOL BASED CONFLICT RESOLUTION PROGRAM FOR HIGH- RISK STUDENTS IN TWO CONEY ISLAND PUBLIC SCHOOLS, SERVING 61 STUDENTS AND THROUGH THE WORK PLUS PROGRAM WE PROVIDED 81 AT-RISK AND JUSTICE INVOLVED YOUTH IN CONEY ISLAND WITH WORK READINESS AND EMPLOYMENT SERVICES.

EXPENSES: 2,742,428 GRANTS: REVENUES:

SENIOR CITIZEN HOME DELIVERED MEALS PROGRAMS:

JCCGCI'S 3 HOMEBOUND MEAL DELIVERIES AND MEALS-ON-WHEELS PROGRAM DELIVERED 92,289 MEALS TO 446 SENIORS.

EXPENSES: 1,803,626 GRANTS: REVENUES:

ADULT LITERACY:

IN 2023, JCCGCI'S ADULT LITERACY PROGRAMS PROVIDED ENGLISH AS A SECOND LANGUAGE ("ESL") INSTRUCTION TO 572 LOW-INCOME, UNEMPLOYED OR UNDER-EMPLOYED LIMITED ENGLISH SPEAKING STUDENTS AND 336 MADE AN EDUCATIONAL GAIN AT 12 SITES CITYWIDE.

EXPENSES: 552,126 GRANTS: REVENUES:

#### HOMEBOUND SENIOR VISITATION PROGRAMS:

IN 2023, JCCGCI'S CITYMEALS-ON-WHEELS SENIOR CITIZEN FRIENDLY VISITING PROGRAM AND 'CONNECT2' FRIENDLY VISITING PROGRAM FOR HOLOCAUST SURVIVORS

Department of the Treasury

## 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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection
Name of the organization		Employer identification number
JEWISH COMMUNITY (	COUNCIL OF GREATER CONEY	11-2665181

PROVIDED 5,867 FRIENDLY VISITS TO 324 PARTICIPANTS.

GRANTS: EXPENSES: 411,092 **REVENUES:** 

#### TECHNICAL ASSISTANCE TO NONPROFITS:

NONPROFIT HELPDESK (NPHD) IS JCCGCI'S DIVISION WHICH PROVIDES ESSENTIAL MANAGEMENT TRAINING AND ORGANIZATIONAL DEVELOPMENT SERVICES, ENABLING NYC'S NONPROFITS TO STREAMLINE INTERNAL OPERATIONS, ENHANCE LEADERSHIP PERFORMANCE, AND FULFILL THEIR MISSION AT THE OPTIMAL LEVEL. SINCE ITS INITIATION IN 1992, WE HAVE HELPED OVER 2500 NEW YORK CITY NONPROFIT ORGANIZATIONS WITH CAPACITY BUILDING TECHNICAL ASSISTANCE IN SUCH AREAS AS FINANCIAL MANAGEMENT, MARKETING COMMUNICATIONS, FUNDRAISING, PROGRAM DEVELOPMENT, HUMAN RESOURCES, TECHNOLOGY, LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT. IN 2023, NPHD ASSISTED 1,582 NONPROFIT PROFESSIONALS CITYWIDE.

EXPENSES: 196,842 GRANTS: **REVENUES:** 

URBAN NEIGHBORHOOD SERVICES (UNS) WRAPAROUND SERVICES: APPROXIMATELY 1400 OF TRADITIONALLY UNDERSERVED CONEY ISLAND RESIDENTS WERE ASSISTED WITH 11,774 SERVICE SESSIONS OF A SPECTRUM OF VITAL PROGRAMS AND SERVICES PROVIDED BY JCCGCI AT UNS INCLUDING THE HOUSING PRESERVATION INITIATIVE (HPI) PROGRAM, DOMESTIC VIOLENCE AND EMPOWERMENT (DOVE) INITIATIVE, AND MENTAL HEALTH THERAPEUTIC SERVICES.

**REVENUES:** EXPENSES: 84,669 GRANTS:

#### FINANCIAL ASSISTANCE:

## 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 990-EZ.

 

 Department of the Treasury Internal Revenue Service
 Attach to Form 990 or 990-EZ.
 Open to Public Inspection

 Name of the organization
 Employer identification number

 JEWISH COMMUNITY
 COUNCIL OF GREATER CONEY
 11-2665181

IN 2023, JCCGCI PROVIDED PASSOVER FOOD ASSISTANCE VOUCHERS FOR INDIGENT

FAMILIES, CAMP SCHOLARSHIPS FOR CHILDREN FROM LOW-INCOME FAMILIES, AND

FOOD PACKAGES FOR ROSH HASHANAH, CHANUKAH, PASSOVER.

EXPENSES: 52,596 GRANTS: 33,598 REVENUES:

#### STORM RECOVERY AND DISASTER PREVENTION:

JCCGCI WAS DESIGNATED BY THE GOVERNOR'S OFFICE OF STORM RECOVERY (GOSR) AS A "RISING COMMUNITY CENTER" AND BY NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE AS A "COMMUNITY ORGANIZATION ACTIVE IN DISASTERS (COAD)" PROVIDER (FOR THE COMMUNITY LEADERSHIP OF THE EMERGING COMMUNITY-LED COALITION AIMED AT COORDINATING EMERGENCY/DISASTER PREPAREDNESS AND RESPONSE AMONG HYPER-LOCAL SERVICE PROVIDERS).

EXPENSES: 13,093 GRANTS: REVENUES:

COVID-19 ASSISTANCE:

SCHEDULE O

(Form 990 or 990-EZ)

JCCGCI'S COVID-19 DISPARITIES INITIATIVE COMMUNITY HEALTH WORKERS IN CONEY ISLAND AND FAR ROCKAWAY PROVIDED HEALTH OUTREACH AND EDUCATION SERVICES TO 16,604 COMMUNITY MEMBERS.

EXPENSES: 2,118,971 GRANTS: REVENUES:

MENTAL HEALTH SERVICES:

JCCGCI PROVIDES MENTAL HEALTH SERVICES THROUGH VARIOUS PROGRAMING INCLUDING: BUILDING RESILIENCE THROUGH YOUTH PROGRAM WHICH SUPPORTS CONEY ISLAND YOUTH BY IDENTIFYING MENTAL HEALTH RISK, EXPANDING ACCESS TO CARE, REDUCING STIGMA RELATED TO MENTAL HEALTH, AND ENCOURAGING THE CONNECTION

OMB No. 1545-0047

## 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 990-EZ.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

 Name of the organization
 Employer identification number

 JEWISH COMMUNITY COUNCIL OF GREATER CONEY
 11-2665181

WITH COMMUNITY CARE THAT YOUTH NEED TO ENSURE THEIR HEALTH,

SELF-RELIANCE, AND WELL-BEING; JCCGCI'S NEW TRAUMA RECOVERY CENTER PROVIDED MENTAL HEALTH SERVICES GEARED TOWARD RESIDENTS OF BROOKLYN WHO HAVE EXPERIENCED VIOLENT CRIME AND TRAUMA; AND A JCCGCI SOCIAL WORKER WHO ADDRESSED TRAUMA AND MENTAL HEALTH NEEDS IN THE CONEY ISLAND COMMUNITY.

EXPENSES: 360,702 GRANTS: REVENUES:

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

THE 990 IS REVIEWED BY MANAGEMENT. ANY QUESTIONS ARE DISCUSSED AND RESOLVED AFTER WHICH THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. ANY QUESTIONS OR CONCERNS ARE DISCUSSED WITH MANAGEMENT AND RESOLVED. UPON BOARD APPROVAL, THE 990 IS E-FILED.

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

CONFLICT OF INTEREST FORMS ARE PREPARED AND SIGNED ANNUALLY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL CONFLICT OF INTEREST STATEMENTS AND INVESTIGATES ANY POTENTIAL CONFLICTS. LEGAL OPINIONS ARE SOUGHT WHEN NECESSARY. INTERESTED PARTIES ARE BROUGHT IN AS NEEDED TO DISCUSS WHEN ISSUES ARISE. UNTIL THE ISSUE IS RESOLVED THE INTERESTED INDIVIDUAL IS NOT ALLOWED TO VOTE OR OTHERWISE INFLUENCE ANY DECISIONS RELATED TO THE MATTER AT HAND.

#### FORM 990, PART VI, SECTION B, LINE 15A

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION BY COMPARING THEIR SALARIES TO THOSE DOCUMENTED BY OTHER NONPROFITS OF SIMILAR SIZE AND TO STAFFING REPORTS BY PNP STAFFING GROUP SURVEY OF COMPARABLE ORGANIZATIONS (TYPE, OPERATING BUDGET AND NUMBER OF EMPLOYEES). THE CONCLUSIONS ARE

Department of the Treasury

## 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 990-EZ. OMB No. 1545-0047

Internal Revenue Service	Vice Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organization		Employer identification number				
JEWISH COMMUNITY	COUNCIL OF GREATER CONEY	11-2665181				

DOCUMENTED IN MINUTES OF THE MEETINGS WHICH ARE SIGNED BY THE PRESIDENT

OF THE BOARD. THIS PROCESS IS DONE ANNUALLY, AND WAS LAST COMPLETED IN

2023.

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

COMPENSATION OF ALL OTHER OFFICERS ARE REVIEWED BY THE EXECUTIVE DIRECTOR

AND THE BOARD OF DIRECTORS ANNUALLY. THIS WAS LAST COMPLETED IN 2023.

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

ALL OF THE LISTED DOCUMENTS ARE AVAILABLE ON OUR WEBSITE.

Schedule O (Form 990 or 990-EZ) 2022						
Name of the organization	Employer identification number					
JEWISH COMMUNITY COUNCIL OF GREATER CONEY	11-2665181					

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION 

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND IS A NOT-FOR-PROFIT 501(C)(3) TAX-EXEMPT ORGANIZATION. WE WERE FOUNDED IN 1973 TO PROVIDE A WIDE-SPECTRUM OF SOCIAL SERVICES TO THE LOW-INCOME RESIDENTS OF SOUTHERN BROOKLYN (REGARDLESS OF RACE AND RELIGION), AND TO FOSTER NEIGHBORHOOD STABILIZATION. OUR CURRENT MISSION DEDICATES OUR RESOURCES TO THESE GOALS AND TO THE PROVISION OF SUPPORTIVE SERVICES DESIGNED AT IMPROVING THE QUALITY OF LIFE OF THE FRAIL ELDERLY, VOCATIONALLY DISADVANTAGED POOR, UNDERPRIVILEGED IMMIGRANTS AND EDUCATIONALLY AT-RISK YOUTH OF OUR CITY AND TO PROVIDE TECHNICAL ASSISTANCE TO ENHANCE THE PROGRAMMATIC, ADMINISTRATIVE AND FISCAL CAPACITY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS. [WE ALSO ACT AS A SETTLEMENT HOUSE ENGAGED IN COMMUNITY WORK AND SOCIAL SERVICES DELIVERY IN BROOKLYN COMMUNITY DISTRICT 13.]

FORM 990, PART III - PROGRAM SERVICE

#### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

SENIOR CITIZEN HOME CARE SERVICES:

JCCGCI'S HIGHLY-PRAISED HOME RELIEF PROGRAM FOR AT-RISK, LOW-INCOME SENIORS PROVIDES HOME-CARE SERVICES TO ENABLE THE FRAIL ELDERLY WHO ARE INELIGIBLE FOR MEDICAID HOME-CARE OR DO NOT HAVE ADEQUATE AT-HOME MEDICAID SERVICES TO REMAIN IN THEIR HOMES AND COMMUNITIES. HOME BOUND SENIORS WHO SUFFER FROM FUNCTIONAL IMPAIRMENT RECEIVE HELP WITH DAILY LIVING ACTIVITIES AND/OR PERSONAL CARE. IN FY 2023, JCCGCI PROVIDED 1,051 SENIORS WITH 1,347,114 HOURS OF HOME-CARE FOR ASSISTANCE WITH PERSONAL CARE, LIGHT HOUSEKEEPING, SHOPPING, FOOD PREPARATION, LAUNDRY, AND OTHER SIMILAR SERVICES THESE HOURS INCLUDED 1,339,818 HOURS OF SERVICE TO 960 HOLOCAUST SURVIVORS.

LINE 4B, PROGRAM SERVICE

OLDER ADULT CENTERS (FORMERLY SENIOR CENTERS): THE SENIOR SUPPORT SYSTEMS DIVISION OF JCCGCI OPERATES EIGHT (8) BROOKLYN OLDER ADULT CENTERS WITH YEAR-ROUND SERVICES, MONDAY THROUGH FRIDAY. THE OLDER ADULT CENTERS ARE CONEY ISLAND SEASIDE OLDER ADULT CENTER, JAY-HARAMA OLDER ADULT CENTER, HABER HOUSE OLDER ADULT CENTER, MARLBORO OLDER ADULT CENTER, MARIEN-HEIM OLDER ADULT CENTER, KINGS HIGHWAY OLDER ADULT CENTER AND OCEAN PARKWAY OLDER ADULT CENTER. THEY PROVIDE NUTRITIONAL CONGREGATE MEALS, A WIDE RANGE OF HEALTHY AGING SERVICES, EDUCATIONAL AND RECREATIONAL PROGRAMMING, CASE MANAGEMENT AND ENTITLEMENT COUNSELING AND ADVOCACY. SENIORS ARE ASSISTED WITH APPLICATION/FORM-COMPLETION AND MEDICAL/SOCIAL SERVICE REFERRAL ASSISTANCE. ACTIVITIES INCLUDE ENGLISH LANGUAGE INSTRUCTION, EXERCISE CLASSES, ART/MUSIC CLASSES, MENTAL HEALTH COUNSELING, HEALTH PROMOTION WORKSHOPS, COMPUTER CLASSES, NUTRITION WORKSHOPS, AND OTHER EDUCATIONAL/RECREATIONAL SESSIONS. IN 2023, OUR EIGHT OLDER ADULT CENTERS PROVIDED 175,180 CONGREGATE MEALS TO 4,834 SENIORS.

LINE 4C, PROGRAM SERVICE

\_\_\_\_\_

JSA

SENIOR CITIZEN TRANSPORTATION SERVICES/COMMUNITY SHUTTLE BUS: SINCE 1981, THE JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND HAS BEEN MAKING DAILY LIFE FOR OLDER ADULTS A LOT EASIER WITH OUR

Schedule O (Form 990 or 990-EZ) 2022										
Name of the organization	Employer identification number									
JEWISH COMMUNITY COUNCIL OF GREATER CONEY	11-2665181									

FORM 990, PART III - PROGRAM SERVICE

PROFESSIONALLY OPERATED SENIOR CITIZEN TRANSPORTATION PROGRAM. THE PROGRAM PROVIDES TRANSPORTATION TO ENABLE LOW-INCOME, FUNCTIONALLY IMPAIRED ELDERS TO KEEP MEDICAL AND ENTITLEMENT APPOINTMENTS, GO SHOPPING, AND ATTEND SENIOR CENTERS FOR NUTRITIOUS MEALS AND HEALTHY AGING PROGRAMMING. OVER THE YEARS, OUR HIGHLY ACCLAIMED SENIOR CITIZEN TRANSPORTATION PROGRAM HAS BECOME ONE OF THE LARGEST SUCH PROGRAMS IN NEW YORK CITY. IN 2023, JCCGCI PROVIDED 97,016 UNITS OF TRANSPORTATION SERVICE TO MEDICAL APPOINTMENTS, SHOPPING, BANKING, AND OTHER SIMILAR SERVICES TO 4,140 CLIENTS (INCLUDING 22,327 TRIPS TO 1,355 HOLOCAUST SURVIVORS). IN ADDITION, OUR SOUTHERN BROOKLYN COMMUNITY SHUTTLE BUS PROVIDED 4,263 UNITS OF TRANSPORTATION SERVICES TO 144 SOUTH BROOKLYN RESIDENTS FACILITATING THEIR ACCESS TO ESSENTIAL EMPLOYMENT, EDUCATION, SHOPPING, MEDICAL AND NONMEDICAL APPOINTMENTS AND SERVICES.

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization		Employor ident	Page 2
	CONEY	11-2665	
JEWISH COMMUNITY COUNCIL OF GREATER	CONEI	11-2005	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SE	RVICES		
	======		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE SCHEDULE O	315,965.	15,024,816.	37,014.
TOTALS	315,965.	15,024,816.	
IOTALS	315,965.	15,024,816.	37,014.

Schedule O (Form 990 or 990-EZ) 2022		Page <b>2</b>
Name of the organization	Employer ide	ntification number
JEWISH COMMUNITY COUNCIL OF GRE	ATER CONEY 11-266	5181
FORM 990, PART VII-COMPENSATION OF THE 5		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CARING PROFESSIONALS, INC		
70-20 AUSTIN STREET		
FOREST HILLS, NY 11375	HOME HEALTHCARE	4,856,608.
SILVER LINING HOMECARE AGENCY		
1115 AVENUE U		
BROOKLYN, NY 11223	HOME HEALTHCARE	4,043,332.
HCS HOME CARE		
1989 CONEY ISLAND AVENUE		
BROOKLYN, NY 11223	HOME HEALTHCARE	3,295,617.
BNV HOME CARE SERVICES		
96-60 QUEENS BLVD		
REGO PARK, NY 11374	HOME HEALTHCARE	2,500,196.
AMERICARE		
2255 COLEMAN STREET		
BROOKLYN, NY 11234	HOME HEALTHCARE	2,003,324.
		2,000,021.

Schedule O (Form 990 or 990-EZ) 2022				Page 2
Name of the organization			Employer identificatio	
<u>JEWISH COMMUNITY COUN</u>	<u>CIL OF GREATER CON</u>	<u>IEY</u>	11-2665181	
FORM 990, PART IX - OTHER FE	ES			
	==			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
SENIOR CITIZEN HOMECARE	36,570,370.	36,570,370.		
SUBCONTRACTING	762,923.	762,923.		
CONSULTANTS	323,405.	323,405.		
OTHER PROFESSIONAL FEES	771,722.	658,921.	96,085.	16,716.
TOTALS				
	38,428,420.	38,315,619.	96,085.	16,716.
	===============	=================	=================	==============

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for 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.

Туре	or	Name of exempt organization or other filer, see in	of exempt organization or other filer, see instructions. Taxpayer id					
•••		JEWISH COMMUNITY COUNCIL OF G	CONEY					
print	JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND INC. 11-266518 File by the Number, street, and room or suite no. If a P.O. box, see instructions.							
		Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.				
due da filing y		3001 WEST 37TH STREET						
return.	See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
instruc	tions.	BROOKLYN, NY 11224						
Enter	the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)	• •		01
Appli	cation		Return	Application				Return
Is Fo			Code	Is For				Code
Form	990 or	Form 990-EZ	01	Form 1041-A				08
Form	4720 (	individual)	03	Form 4720 (other tha	n individual)			09
Form	990-PF	:	04	Form 5227				10
Form	990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form	990-T	(trust other than above)	06	Form 8870				12
Form	990-T	(corporation)	07					
<ul> <li>If t</li> <li>If t</li> <li>for th</li> <li>a list</li> <li>1</li> </ul>	he orga his is fo whole with the I reque for the	No. $\blacktriangleright$ 718 449-5000 anization does not have an office or place of or a Group Return, enter the organization's for a group, check this box $\blacktriangleright$ $\frown$ . If a names and TINs of all members the extensist as t an automatic 6-month extension of time u organization named above. The extension is calendar year 20 or	business ir ur digit Gro f it is for pa ion is for. ntil	bup Exemption Number ( art of the group, check t	GEN)		If thi and atta	ach
	► X	tax year beginning07/ ax year entered in line 1 is for less than 12 m hange in accounting period	nonths, cheo	ck reason: 📃 Initial re	eturn 🦳 Final retur	_	23	
3a	If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the ten	tative tax, less any			
		Indable credits. See instructions.				3a	\$	NONE
		application is for Forms 990-PF, 990-T,		· · ·				
		ed tax payments made. Include any prior yea				3b	\$	NONE
	Balanc	e due. Subtract line 3b from line 3a. Ir	nclude vou	r navmont with this f	orm if required by	1		
		FTPS (Electronic Federal Tax Payment System	•		onn, il required, by	3c		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

Form	₀ 990-T	Ex	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For cale	ndar year 2022 or other tax year beginning $\_07/01$ , 2022, and ending $\_06/30$ , 20	o <u>23</u>	2022
	rtment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection
	al Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c		for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	D Emp	loyer identification number
		Delint	JEWISH COMMUNITY COUNCIL OF GREATER CONEY		2665181
	empt under section	Print or	Number, street, and room or suite no. If a P.O. box, see instructions.		up exemption number instructions)
X		Туре	3001 WEST 37TH STREET		
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code	F	Check box if
	408A 530(a)	-	BROOKLIN, NI 11224	r	an amended return.
	529(a) 529A		<pre>&lt; value of all assets at end of year</pre>		<u></u>
	Check organization t Check if filing only to		X 501(c) corporation 501(c) trust 401(a) trust Other trust		State college/university
	• •		Claim credit from Form 8941         Claim a refund shown on Form           ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
	• •		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . identifying number of the parent corporation		
	The books are in care	-	LIYAHU AUERBACH, TREASURER Telephone number 718	2_110	_5000
<b>-</b> '			3001 WEST 37TH STREET	)-449	-5000
			BROOKLYN, NY 11224		
		Ľ	SKOOKLIN, NI 11224		
Pa	rt I Total Unre	lated R	Business Taxable Income		
1			ness taxable income computed from all unrelated trades or businesses (se		
•				. 1	NONE
2	,			2	
3				. 3	
4			see instructions for limitation rules)	. 4	
5		•	axable income before net operating losses. Subtract line 4 from line 3	. 5	NONE
6			g loss. See instructions		
7			ness taxable income before specific deduction and section 199A deduction		
					NONE
8	Specific deduction	n (genera	ally \$1,000, but see instructions for exceptions)	. 8	
9	Trusts. Section 1	99A dedu	uction. See instructions.	9	
10	Total deductions.	Add line	s 8 and 9	. 10	
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line	7,	
	enter zero		· · · · · · · · · · · · · · · · · · ·	. 11	NONE
Ра	rt II Tax Com			I	
1	Organizations tax	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	NONE
2	Trusts taxable	at trust	rates. See instructions for tax computation. Income tax on the amount o	n	
	Part I, line 11 from	n: [	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See in:	structions		. 3	
4	Other tax amount	s. See in:	structions	. 4	
5	Alternative minim	um tax (t	rusts only)	. 5	
6	Tax on noncomp	liant faci	lity income. See instructions	. 6	
7	Total. Add lines 3	through	6 to line 1 or 2, whichever applies	. 7	NONE
For	Paperwork Reduct	ion Act N	lotice, see instructions.		Form <b>990-T</b> (2022)

	990-T (2022)		11-	2665181	L F	Page <b>2</b>
Par	t III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions)	1b				
С	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Add lines 1a through 1d.		1e			
2	Subtract line 1e from Part II, line 7.		2		Ν	ONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697	Form 8866				
	Other (attach statement)		3			
4	Total tax. Add lines 2 and 3 (see instructions).	deferred under				
	section 1294. Enter tax amount here	• •	4		Ν	ONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5			
6a	Payments: A 2021 overpayment credited to 2022	6a				
b	2022 estimated tax payments. Check if section 643(g) election applies	6b				
С	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total	6g				
7	Total payments. Add lines 6a through 6g	<u></u>	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		Ν	ONE
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	id	10			
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax	Refunded	11			
Par	t IV Statements Regarding Certain Activities and Other Info	ormation (see instructio	ns)			
1	At any time during the 2022 calendar year, did the organization have an ir	nterest in or a signature o	r other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If	f "Yes," the organization r	nay ha	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	," enter the name of the	foreig	n country		
	here					X
2	During the tax year, did the organization receive a distribution from, or was it th	e grantor of, or transferor to	o, a for	eign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$				
4	Enter available pre-2018 NOL carryovers here \$ Do not incl	lude any post-2017 NOL carry	over			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sh	own here by any deduct	ion re	ported on		
	Part I, line 6.					
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available	post-2017 NOL carryover	s. Dor	n't reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for t	he tax year. See instructions.				
	Business Activity Code	Available post-2017	NOL ca	rryover		
		_ \$				
		_ \$				
		_ \$				
		\$				
	Did the organization change its method of accounting? (see instructions)			••••		X
b	If 6a is "Yes," has the organization described the change on Form 990,	990-EZ, 990-PF, or Form	11283	? If "No,"		
	explain in Part V			•••••		
Par	V Supplemental Information					

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Und belie	er penalties of pe ef, it is true, correct	rjury, I declare that t, and complete. Dec	I have ex laration of	amined f f prepare	this return, inclu r (other than tax	uding acco (payer) is b	mpanying ased on al	schedules I information	and statemer n of which pr	eparer has	s any kno the IRS	st of my know owledge. 6 discuss this eparer showr	s return
nere	Sign	ature of officer				Date	— т	tle				structions)	·	No
Detal		Print/Type prepa	arer's name		F	Preparer's signat	ure		Date		Check	if	PTIN	
Paid	~ "	AARON SI	HAPIRO		•	Aug/			04/10	)/2024	self-emp	oloyed	P013338	316
Prepar Use Or		Firm's name	FORVIS, LI	ΓP							Firm's E	IN 4	4-016026	50
056 01	пу	Firm's address	1155 AVENU	JE OF	THE	AMERICAS	#1200	), NEW	YORK,	NY 10	Phone n	o. 212·	-867-400	0
JSA 2X2741 1.0	000												Form <b>990-</b>	<b>T</b> (2022)

2X2/41 1.000

## SCHEDULE A (Form 990-T)

Department of the Treasury Internal Revenue Service

## Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

22

Name of the organization B Employer identification number								
JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND	11-2665181							
<b>C</b> Unrelated business activity code (see instructions) 541519	D Sequence: 1 of 1							

#### E Describe the unrelated trade or business STAFFING ASSISTANCE

Par	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 27,077.					
b	Less returns and allowances c Balance	1c	27,077.			
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3	27,077.			27,077.
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions.	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section $501(c)(7)$ , (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	27,077.	iana Daduati		27,077.
Par	t I Deductions Not Taken Elsewhere See instructions f directly connected with the unrelated business incom		nitations on deduct	lions. Deduct	ons m	lust be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	30,204.
2	Repairs and maintenance				3	50,201.
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return .				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		S	TMT. 1	14	250.
15	Total deductions. Add lines 1 through 14				15	30,454.
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 from P	art I, line 13,		
	column (C)				16	-3,377.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line	16			18	-3,377.
For Pa	aperwork Reduction Act Notice, see instructions.			Sc	hedule	A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation Inventory at beginning of year 1 1 2 2 Purchases 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No q Rent Income (From Real Property and Personal Property Leased with Real Property) Part IV Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D Rent received or accrued 2 a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 3 Deductions directly connected with the income 4 in lines 2(a) and 2(b) (attach statement) . . . Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement). b Other deductions (attach statement) С Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable 4 to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) % 6 Divide line 4 by line 5 % % % 7 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 11 Schedule A (Form 990-T) 2022 JSA

Sched	ule A (Form 990-T) 2022						Page 3
Par	t VI Interest, Ann	nuities, Royal	ties, and Rents			izations (see instructions)	
				Ex	empt Co	ntrolled Organizations	
	1. Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments		5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
			Nonexe	empt Controlled O	rganizatic	ons	
	7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of spe payments ma		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
	s VII Investment I	<u></u>	Soction 501(a)	(7) (0) or (17) (	Draoniza	ation (see instructions)	
rai	1. Description of income		ount of income	(7), (9), OF (17) ( 3. Deductio		4. Set-asides	5. Total deductions
				directly conne (attach statem		(attach statement)	and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)		Enter h	ounts in column 2. ere and on Part I, 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	s						
Part	VIII Exploited Ex	cempt Activit	y Income, Othe	er Than Advertis	ing Inco	me (see instructions)	
1	Description of exploit	ed activity:					
2	Gross unrelated busi	iness income fr	om trade or bus	iness. Enter here a	and on P	art I, line 10, column (A)	2
3	Expenses directly co	onnected with	production of ur	nrelated business i	ncome. E	inter here and on Part I,	
	line 10, column (B) .						3
4	( )			s. Subtract line 3	from lin	ne 2. If a gain, complete	
	lines 5 through 7.						4
5	Gross income from a	ctivity that is not	unrelated business	sincome			5
6	Expenses attributable						6
7	· · ·			-		than the amount on line	
	4. Enter here and on F	Part II, line 12		<u></u>	<u></u>		7

Schedule A (Form 990-T) 2022

JSA

	dule A (Form 990-T) 2022				Page
	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if repo	rting two or more periodicals	on a consolidated ba	ISIS.	
	A				
	В				
	c				
	D				
te	r amounts for each periodical listed above in the	ne corresponding column.			
		Α	В	C	D
	Gross advertising income				
а	Add columns A through D. Enter here and c	n Part I, line 11, column (A)			
			1		
;	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and o	n Part I, line 11, column (B)			• •
	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a g				
	complete lines 5 through 8. For any column	n in			
	line 4 showing a loss or zero, do not comp	lete			
	lines 5 through 7, and enter zero on line 8				
	Readership costs				
	Circulation income				
	Excess readership costs. If line 6 is less the	nan			
	line 5, subtract line 6 from line 5. If line 5 is				
	than line 6, enter zero				
	Excess readership costs allowed as				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а			ne 8a columns tr	otal or zero here and	on
a	Part II, line 13	•			
_	,				
a	rt X Compensation of Officers, Di	rectors, and Trustees	(see instructions)		Γ
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business


Total. Enter here and on Part II, line 1.....

Part XI Supplemental Information (see instructions)

(1)

(2)

(3)

(4)

Schedule A (Form 990-T) 2022

%

%

%

%

.

250.

## SCHEDULE A:STAFFING ASSISTANCE PART II - LINE 14 - OTHER DEDUCTIONS

#### OFFICE EXPENSES

TOTAL	OTHER	DEDUCTIONS	 250.
			================

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for 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 in	nstructions.		Taxpayer identification number (TIN)	
orint	JEWISH COMMUNITY COUNCIL OF G	REATER	CONEY		
	ISLAND INC.	11-2665181			
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.		
iling your	3001 WEST 37TH STREET				
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.		
	BROOKLYN, NY 11224				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application f	or each return)	0 7
Application		Return	Application		Return
s For		Code	Is For		Code
Form 990 or Form 990-EZ		01	Form 1041-A		08
Form 4720 (individual)		03	Form 4720 (other that	n individual)	09
Form 990-PF		04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11
	Form 990-T (trust other than above)		Form 8870		12
Form 990-T		07			
Form 990-T ● The books		STREET E	ROOKLYN NY 1122	4	
<ul> <li>Form 990-T</li> <li>The books</li> <li>Telephone</li> <li>If the orga</li> <li>If this is for</li> <li>for the whole</li> <li>a list with the</li> </ul>	s are in the care of $\blacktriangleright$ <u>ABRAHAM J. PEARI</u> 3001 WEST 37TH S e No. $\blacktriangleright$ <u>718 449-5000</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box $\blacktriangleright$ . I e names and TINs of all members the extens	L, CPA, STREET E business ir bur digit Gro if it is for pa ion is for.	BROOKLYN NY 1122 Fax No. ► In the United States, che pup Exemption Number art of the group, check	ck this box	s is ach
<ul> <li>Form 990-T</li> <li>The books</li> <li>Telephone</li> <li>If the orga</li> <li>If this is for</li> <li>for the whole</li> <li>a list with the</li> <li>I reque</li> </ul>	s are in the care of $\blacktriangleright$ <u>ABRAHAM J. PEARI</u> 3001 WEST 37TH s e No. $\blacktriangleright$ <u>718 449-5000</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box $\blacktriangleright$ .	L, CPA, STREET E  business ir bur digit Gro if it is for pa <u>ion is for.</u> ntil	BROOKLYN NY 1122 Fax No. ► the United States, che pup Exemption Number art of the group, check the 05/15 , 202		s is ach
<ul> <li>orm 990-T</li> <li>The books</li> <li>Telephone</li> <li>If the orga</li> <li>If this is for</li> <li>for the whole</li> <li>a list with the</li> <li>for the</li> </ul>	s are in the care of $\blacktriangleright$ <u>ABRAHAM J. PEARI</u> 3001 WEST 37TH S e No. $\blacktriangleright$ <u>718 449-5000</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box $\blacktriangleright$ <u>I</u> . I e names and TINs of all members the extensi ist an automatic 6-month extension of time u	L, CPA, STREET E business ir our digit Gro if it is for pa ion is for. ntils for the org	BROOKLYN NY 1122 Fax No. ► the United States, che pup Exemption Number art of the group, check the 05/15_, 202 ganization's return for:	ck this box	s is ach
<ul> <li>Form 990-T</li> <li>The books</li> <li>Telephone</li> <li>If the orga</li> <li>If this is for</li> <li>for the whole</li> <li>a list with the</li> <li>1 I reque for the</li> <li>x</li> <li>2 If the tag</li> </ul>	s are in the care of ► <u>ABRAHAM J. PEARI</u> 3001 WEST 37TH S e No. ► <u>718 449-5000</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box►	L, CPA, STREET E business ir our digit Gro of it is for pa ion is for. ntils for the org	BROOKLYN NY 1122 Fax No. ► the United States, che pup Exemption Number art of the group, check the 05/15 , 202 ganization's return for:	ck this box	s is ach
<ul> <li>Form 990-T</li> <li>The books</li> <li>Telephone</li> <li>If the orga</li> <li>If this is for</li> <li>If this is for</li> <li>or the whole</li> <li>a list with the</li> <li>1 I reque for the</li> <li>x</li> <li>2 If the ta</li> <li>C</li> <li>3a If this</li> </ul>	s are in the care of ► <u>ABRAHAM J. PEARI</u> 3001 WEST 37TH S e No. ► <u>718 449-5000</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ► []. I e names and TINs of all members the extensist an automatic 6-month extension of time u organization named above. The extension is calendar year 20 or tax year beginning 07/	L, CPA, STREET E business ir our digit Gro if it is for pa ion is for. ntil s for the org	BROOKLYN NY 1122 Fax No. ► the United States, che pup Exemption Number art of the group, check the 05/15 , 202 ganization's return for: , and ending ck reason: Initial r	ck this box	s is ach
<ul> <li>The books</li> <li>The books</li> <li>Telephone</li> <li>If the orga</li> <li>If this is for</li> <li>for the whole</li> <li>a list with the</li> <li>1 I reque for the</li> <li>x</li> <li>2 If the ta</li> <li>C</li> <li>3a If this nonreful</li> </ul>	s are in the care of ► <u>ABRAHAM J. PEARI</u> 3001 WEST 37TH 3 e No. ► <u>718 449-5000</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ► I e names and TINs of all members the extens st an automatic 6-month extension of time u organization named above. The extension is calendar year 20 or tax year beginning 07/ ax year entered in line 1 is for less than 12 m thange in accounting period application is for Forms 990-PF, 990-T,	L, CPA, STREET E business ir our digit Gro fi it is for pa ion is for. ntil of the org 201, 2022 nonths, chea	BROOKLYN NY 1122 Fax No. ► an the United States, che pup Exemption Number art of the group, check the <u>05/15</u> , 202 ganization's return for: and ending ck reason: Initial r 6069, enter the ter	ck this box	s is ach on return
<ul> <li>The books</li> <li>Telephone</li> <li>If the orga</li> <li>If this is for</li> <li>If the orga</li> <li>If the the orga</li> <li>If the tage</li> <li>If the tage</li> <li>If this</li> </ul>	s are in the care of $\blacktriangleright$ ABRAHAM J. PEARI 3001 WEST 37TH S e No. $\triangleright$ 718 449-5000 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box $\blacksquare$ $\blacktriangleright$ $\square$ . I e names and TINs of all members the extense set an automatic 6-month extension of time u organization named above. The extension is calendar year 20 or tax year beginning 07/ ax year entered in line 1 is for less than 12 m hange in accounting period application is for Forms 990-PF, 990-T, undable credits. See instructions.	L, CPA, STREET E business ir our digit Gro of it is for pa ion is for. ntil of the org 201, 2022 nonths, chea 4720, or	BROOKLYN NY 1122 Fax No. ► an the United States, che pup Exemption Number (art of the group, check for <u>05/15</u> , 202 ganization's return for: and ending ck reason: Initial r 6069, enter the ter 6069, enter any ref	ck this box	s is ach on return

using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ NONE Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)