

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
77 WATER STREET 26TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10005

D Employer identification number
13-2738818

E Telephone number
(212) 453-9500

G Gross receipts \$ 47,229,115

F Name and address of principal officer:
DAVID GREENFIELD
77 WATER STREET 26TH FLOOR
NEW YORK, NY 10005

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.METCOUNCIL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1972

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O METROPOLITAN NY COORDINATING COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION WHICH SERVES AS A PRIMARY ADVOCATE FOR THE SOCIAL WELFARE NEEDS OF THE POOR, NEAR-POOR, WORKING POOR, ELDERLY AND RECENTLY ARRIVING IMMIGRANTS IN THE NEW YORK CITY AREA. THE ENTITY IS DEDICATED TO THE ALLEVIATION OF SOCIAL, ECONOMIC, AND HOUSING PROBLEMS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	26
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	235
6 Total number of volunteers (estimate if necessary)	1,800
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	44,027,232	44,420,493
9 Program service revenue (Part VIII, line 2g)	1,311,413	1,358,308
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,428	29,215
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,142,108	72,407
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,513,181	45,880,423
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,924,720	22,309,319
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,360,979	11,516,028
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,267,021		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,557,892	10,128,396
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	40,843,591	43,953,743
19 Revenue less expenses. Subtract line 18 from line 12	6,669,590	1,926,680

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	56,489,415	65,351,514
21 Total liabilities (Part X, line 26)	36,286,891	43,222,310
22 Net assets or fund balances. Subtract line 21 from line 20	20,202,524	22,129,204

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2023-05-15

PHILIP KIBEL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ COHNREZNICK LLP		2023-05-15		P01273422
Firm's address ▶ 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019			Firm's EIN ▶ 22-1478099	Phone no. (212) 297-0400

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O METROPOLITAN NY COORDINATING COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION WHICH SERVES AS A PRIMARY ADVOCATE FOR THE SOCIAL WELFARE NEEDS OF THE POOR, NEAR-POOR AND ELDERLY IN THE METRO NY AREA. THE ENTITY IS DEDICATED TO THE ALLEVIATION OF SOCIAL, ECONOMIC, HOUSING AND ANY RELATED PROBLEMS OF THE POOR, NEAR-POOR, WORKING POOR, ELDERLY AND RECENTLY ARRIVING IMMIGRANTS IN THE NEW YORK CITY AREA. MET COUNCIL WORKS TOWARD THE DELIVERY OF NEEDED SERVICES BY ESTABLISHING LINKS BETWEEN VARIOUS GOVERNMENT AGENCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,259,480 including grants of \$ 22,309,319) (Revenue \$ 1,430,715)

See Additional Data

4b (Code:) (Expenses \$ 6,515,147 including grants of \$) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 2,283,418 including grants of \$) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 1,611,412 including grants of \$) (Revenue \$)

BENEFITS ACCESS & HOME REPAIR SERVICES

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,611,412 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 36,669,457

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 235
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
4a 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...
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
6a Does the organization have annual gross receipts that are normally greater than \$100,000...
7 Organizations that may receive deductible contributions under section 170(c).
8 Sponsoring organizations maintaining donor advised funds.
9 Sponsoring organizations maintaining donor advised funds.
10 Section 501(c)(7) organizations.
11 Section 501(c)(12) organizations.
12a Section 4947(a)(1) non-exempt charitable trusts.
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
14a Did the organization receive any payments for indoor tanning services during the tax year?
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000...
16 Is the organization an educational institution subject to the section 4968 excise tax...
17 Section 501(c)(21) organizations.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: PEREL KAUFMAN 77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 (212) 453-9500

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,309,319	22,309,319		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,129,286	733,728	279,432	116,126
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,307,086	5,396,976	2,055,772	854,338
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	2,079,656	1,353,772	512,809	213,075
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	153,385		153,385	
c Accounting	309,835		309,835	
d Lobbying	90,000		90,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	118,867	60,111	58,756	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,347,160	3,074,571	126,310	146,279
12 Advertising and promotion	721,003	347,473	22,254	351,276
13 Office expenses	1,572,214	986,084	208,106	378,024
14 Information technology				
15 Royalties				
16 Occupancy	1,198,113	695,409	375,642	127,062
17 Travel	505,188	457,287	42,848	5,053
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	289,454	109,802	179,597	55
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	561,573	247,673	310,900	3,000
23 Insurance	335,615	277,944	48,565	9,106
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FURNITURE & EQUIPMENT	667,617	453,794	172,982	40,841
b REPAIRS AND MAINTENANCE	108,425	84,720	23,705	
c LICENSES, PERMITS AND F	77,604	21,165	37,679	18,760
d FOOD	45,597	44,996	601	
e All other expenses	26,746	14,633	8,087	4,026
25 Total functional expenses. Add lines 1 through 24e	43,953,743	36,669,457	5,017,265	2,267,021
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	7,471,418	2	1,790,763
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,193,133	4	14,935,533
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	25,025,407	7	25,025,407
	8 Inventories for sale or use	14,778	8	1,094
	9 Prepaid expenses and deferred charges	187,843	9	212,177
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,986,431		
	b Less: accumulated depreciation	4,684,459		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	7,031,634	13	7,031,634
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,827,118	15	8,052,934
16 Total assets. Add lines 1 through 15 (must equal line 33)	56,489,415	16	65,351,514	
Liabilities	17 Accounts payable and accrued expenses	3,242,756	17	4,212,163
	18 Grants payable		18	
	19 Deferred revenue	1,442,367	19	1,515,302
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	29,318,900	23	34,688,334
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,282,868	25	2,806,511
	26 Total liabilities. Add lines 17 through 25	36,286,891	26	43,222,310
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,853,309	27	16,673,760
	28 Net assets with donor restrictions	8,349,215	28	5,455,444
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
32 Total net assets or fund balances	20,202,524	32	22,129,204	
33 Total liabilities and net assets/fund balances	56,489,415	33	65,351,514	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,880,423
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,953,743
3	Revenue less expenses. Subtract line 2 from line 1	3	1,926,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,202,524
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,129,204

Part XII Financial Statements and Reporting

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 Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-2738818

Name: METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Form 990 (2021)

Form 990, Part III, Line 4a:

THE EMERGENCY FOOD PROGRAM HELPS FAMILIES STRUGGLING TO FEED THEIR CHILDREN, NEW IMMIGRANTS WITH LITTLE INCOME, OR FRAIL ELDERLY PEOPLE WITHOUT NUTRITIOUS FOOD, MET COUNCIL'S KOSHER FOOD PROGRAM MEETS THE NEEDS OF ALL WHO ARE HUNGRY. PROVIDING A HOLISTIC CARE PROGRAM OF FOOD PACKAGES AND EMERGENCY FOOD VOUCHERS, MET COUNCIL IS MEETING THE COMPLEX NEEDS OF STRUGGLING NEW YORKERS. ALL FOOD PROVIDED IS KOSHER, MAKING MET COUNCIL A UNIQUE PROVIDER FOR THE NEEDY JEWISH POPULATION. AT THE SAME TIME, ALL NUTRITIONAL RESOURCES ARE AVAILABLE TO ANYONE IN NEED, WHETHER THEY KEEP KOSHER OR NOT, REGARDLESS IF THEY ARE JEWISH OR NOT. FOR EXAMPLE, MET COUNCIL SUPPLIED OVER 30 HALAL FOOD PANTRIES WITH HALAL CERTIFIED FOOD FOR MOSTLY IMMIGRANT CLIENTS ACROSS NEW YORK.

Form 990, Part III, Line 4b:

CRISIS INTERVENTION SERVICES IS A RESOURCE TO HELP PEOPLE WHEN IN SERIOUS NEED. FAMILIES WHO HAVE NO HEALTH INSURANCE AND MUST PAY FOR MEDICAL BILLS; AN ELDERLY WOMAN WHO LOSES HER HUSBAND AND FACES EVICTION; A POOR PERSON DISCHARGED FROM THE HOSPITAL WITH NO PLACE TO GO - THE CASES ARE ENDLESS AND ALWAYS VARIED. ADDITIONALLY, OUR BENEFITS ENROLLMENT PROGRAM PROVIDES SUPPORT TO CLIENTS IN BOTH EDUCATION AND ENROLLMENT INTO NEW YORK CITY'S PUBLIC BENEFITS PROGRAMS, INCLUDING MEDICAID, CHILD & FAMILY HEALTH PLUS, AND THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM. MET COUNCIL HAS A SPECIFIC EXPERTISE IN SUPPORTING VICTIMS OF FAMILY VIOLENCE IN INSULAR COMMUNITIES AS WELL AS HOLOCAUST SURVIVORS.

Form 990, Part III, Line 4c:

HOUSING - MET COUNCIL AND ITS AFFILIATED HOUSING COMPANIES PROVIDE HOUSING FOR SPECIAL NEEDS POPULATIONS: LOW INCOME ELDERLY, AND HOMELESS INDIVIDUALS IN THE CITY OF NEW YORK. THESE PROGRAMS AND ENTITIES ARE PRIMARILY FUNDED BY GOVERNMENT PROGRAMS. THE ENTITIES PROVIDE APPROXIMATELY 1,100 UNITS OF HOUSING.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABRAHAM BIDERMAN DIRECTOR	0.50	X						0	0	0
ABRAHAM FOXMAN DIRECTOR	0.50	X						0	0	0
ANDREW RECHTSCHAFFEN DIRECTOR	0.50	X						0	0	0
BARRY BERGMAN VICE PRESIDENT	0.50	X		X				0	0	0
BENJAMIN TISCH CO-PRESIDENT	2.00	X		X				0	0	0
BRIAN FIEL DIRECTOR	0.50	X						0	0	0
DAVID LAZARUS DIRECTOR	0.50	X						0	0	0
ISRAEL ENGLANDER DIRECTOR	0.50	X						0	0	0
JOSEPH C SHENKER ESQ CHAIR EMERITUS	0.50	X		X				0	0	0
JOSEPH S ALLERHAND ESQ CO-PRESIDENT	2.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH ECKSTEIN DIRECTOR	0.50	X						0	0	0
LAWRENCE J COHEN DIRECTOR	0.50	X						0	0	0
LINDA SPITZER SECRETARY	0.50	X		X				0	0	0
MERRYL H TISCH CHAIR EMERITUS	0.50	X		X				0	0	0
RAANAN A AGUS DIRECTOR	0.50	X						0	0	0
RABBI HASKEL LOOKSTEIN DIRECTOR	0.50	X						0	0	0
REBECCA FEIT DIRECTOR	0.50	X						0	0	0
RICHARD MACK CHAIRMAN	0.50	X		X				0	0	0
ROBERT MORRIS DIRECTOR	0.50	X						0	0	0
SCOTT ALPER DIRECTOR	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT M WEINER TREASURER	0.50	X		X				0	0	0
STACY B SCHEINBERG VICE PRESIDENT	0.50	X		X				0	0	0
STUART GOLDBERG DIRECTOR	0.50	X						0	0	0
SUSAN FRIEDEN DIRECTOR	0.50	X						0	0	0
WILLY PILKU DIRECTOR	0.50	X						0	0	0
ZIEL FELDMAN DIRECTOR	0.50	X						0	0	0
DAVID GREENFIELD CHIEF EXECUTIVE OFFICER	40.00 10.00			X				567,429	0	43,493
MATTHEW LOCURTO OUTGOING CHIEF FINANCIAL OFFICER	35.00 8.10			X				221,162	0	28,462
ROBERT NEWMAN COO	35.00			X				208,799	0	1,000
BRIAN TREGERMAN CHIEF DEVELOPMENT OFFICER	35.00					X		217,752	0	41,818

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFRY NEARBY CONTROLLER/HOUSING	35.00					X		177,836	0	1,524
JESSICA CHAIT FOOD DIRECTOR	35.00					X		168,747	0	0
LINDA FREITAG HUMAN RESOURCE	35.00					X		147,305	0	14,691
AARON CYPERSTEIN MANAGING DIRECTOR, LEGAL & EXTERNAL AFFAIRS	35.00					X		138,023	0	33,775

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Employer identification number 13-2738818
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	17,333,830	17,876,677	31,826,121	44,027,232	44,420,493	155,484,353
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	17,333,830	17,876,677	31,826,121	44,027,232	44,420,493	155,484,353
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) . . .						5,049,795
6	Public support. Subtract line 5 from line 4.						150,434,558

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .	17,333,830	17,876,677	31,826,121	44,027,232	44,420,493	155,484,353
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,190,602	1,433,974	1,437,911	1,434,086	1,430,873	6,927,446
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	498,827	325,739	234,520	2,089,142	19,441	3,167,669
11	Total support. Add lines 7 through 10						165,579,468
12	Gross receipts from related activities, etc. (see instructions)					12	6,228,351

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	90.850 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	92.620 %

- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	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.						
c	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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified 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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in 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 supported organizations played in this regard.</i>		

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):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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 "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2017 AMOUNT: \$ 438,497. 2018 AMOUNT: \$ 119,240. 2019 AMOUNT: \$ 234,520. 2020 AMOUNT: \$ 2,089,142. 2021 AMOUNT: \$ 19,441. ADMIN SUPPORT - 2017 AMOUNT: \$ 238. VENDING INCOME - 2017 AMOUNT: \$ 92. HOUSING RESTRICTED REVENUE - 2017 AMOUNT: \$ 60,000. BAD DEBT RECOVERY - 2018 AMOUNT: \$ 206,499.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Employer identification number 13-2738818
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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 description of the lobbying activity.

		(a)		(b)
		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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		90,000
j	Total. Add lines 1c through 1i			90,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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 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, 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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
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 expenditure 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.

Return Reference	Explanation
PART II-B, LINE 1:	KASIRER CONSULTING, LLC WAS PAID \$90,000 TO LOBBY ON THE ORGANIZATION'S BEHALF.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY

Employer identification number 13-2738818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year. Rows 5-6 for donor and grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes (public use, natural habitat, open space, historic area, historic structure) and a table for conservation easement statistics (Total number, acreage, certified historic structures).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, with fields for revenue and asset amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		7,042,747	102,707	6,940,040
c Leasehold improvements		1,688,003	892,277	795,726
d Equipment		2,054,934	1,919,457	135,477
e Other		2,200,747	1,770,018	430,729
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				8,301,972

Part VII Investments - Other Securities.

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(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) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM RELATED INVESTMENTS	7,031,634	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	7,031,634	

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) DUE FROM RELATED PARTIES	5,422,685
(2) SECURITY DEPOSITS	48,130
(3) RESTRICTED DEPOSITS	635,308
(4) INTEREST RECEIVABLE	298,039
(5) DEFERRED RENT ASSET	1,648,772
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8,052,934

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) ADVANCES PAYABLE	56,511
(3) DUE TO AFFILIATES	2,750,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,806,511

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part 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.

1	Total revenue, gains, and other support per audited financial statements		1	58,986,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	180,724	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	12,925,404	
e	Add lines 2a through 2d		2e	13,106,128
3	Subtract line 2e from line 1		3	45,880,403
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	20	
c	Add lines 4a and 4b		4c	20
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	45,880,423

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	62,924,740
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	180,724	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	18,790,273	
e	Add lines 2a through 2d		2e	18,970,997
3	Subtract line 2e from line 1		3	43,953,743
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	43,953,743

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 13-2738818

Name: METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MET COUNCIL IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MET COUNCIL IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES. MET COUNCIL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF MET COUNCIL, AMONG OTHERS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY MET COUNCIL AND HAS CONCLUDED THAT, AS OF YEARS ENDED JUNE 30, 2022 AND 2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RELATED NOT FOR PROFIT HOUSING ENTITIES REVENUE 12,463,295. RELATED LP HOUSING ENTITIES REVENUE 1,735,212. RELATED HOME CARE ENTITIES REVENUE 23,057. INTERCOMPANY ELIMINATIONS -1,296,160.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DISCONTINUED OPERATIONS 20.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RELATED NOT FOR PROFIT HOUSING ENTITIES EXPENSES 17,028,313. RELATED LP HOUSING ENTITIES EXPENSES 3,058,120. RELATED HOME CARE ENTITIES ACTIVITY, NET 100,767. INTERCOMPANY ELIMINATIONS -1,296,160. DISCONTINUED OPERATIONS -100,767.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY

Employer identification number

13-2738818

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) RENT AND UTILITIES ASSISTANCE PAYMENTS	362	622,186			
(2) PASSOVER FOOD CARDS	3308	711,850			
(3) FOOD DISTRIBUTION	348472		20,975,283	FMV	FOOD GIVEN TO INDIVIDUALS IN NEED
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ALL PAYMENTS ARE APPROVED AND MADE DIRECTLY TO THE LANDLORDS AND UTILITY PROVIDERS FOR TENANT ASSISTANCE TO ENSURE THE FUNDS ARE SPENT FOR THE INTENDED USE. THE PASSOVER MEAL GIFT CARDS ARE PROVIDED TO SUPPLEMENT LOW-INCOME NEW YORKERS SO THEY CAN PURCHASE ADDITIONAL FOOD DURING THE PASSOVER HOLIDAY.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Employer identification number
13-2738818

Part I Questions Regarding Compensation

	Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No		
	5b	No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID GREENFIELD CHIEF EXECUTIVE OFFICER	(i)	567,309	0	120	0	44,097	611,526	0
	(ii)	0	0	0	0	0	0	0
2 BRIAN TREGERMAN CHIEF DEVELOPMENT OFFICER	(i)	217,656	0	96	0	42,386	260,138	0
	(ii)	0	0	0	0	0	0	0
3 MATTHEW LOCURTO OUTGOING CHIEF FINANCIAL OFFICER	(i)	220,886	0	276	0	29,209	250,371	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT NEWMAN COO	(i)	208,007	0	792	0	2,041	210,840	0
	(ii)	0	0	0	0	0	0	0
5 JEFFRY NEARBY CONTROLLER/HOUSING	(i)	177,044	0	792	0	2,675	180,511	0
	(ii)	0	0	0	0	0	0	0
6 AARON CYPERSTEIN MANAGING DIRECTOR, LEGAL & EXTERNAL	(i)	137,273	0	750	0	34,822	172,845	0
	(ii)	0	0	0	0	0	0	0
7 JESSICA CHAIT FOOD DIRECTOR	(i)	168,639	0	108	0	447	169,194	0
	(ii)	0	0	0	0	0	0	0
8 LINDA FREITAG HUMAN RESOURCE	(i)	146,513	0	792	0	15,794	163,099	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Employer identification number
13-2738818

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	26	12,764,962	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	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?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

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.

Return Reference	Explanation
PART I, COLUMN (B):	AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF DONORS.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**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.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Employer identification number

13-2738818

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BENJAMIN TISCH, CO-PRESIDENT, AND MERRYL H. TISCH, CHAIR EMERITUS , HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PREPARED BY A CPA FIRM FROM AUDITED FINANCIAL STATEMENTS AND TRIAL BALANCE AS WELL AS FROM INFORMATION THE ORGANIZATION PROVIDES. THE CPA FIRM FURNISHES A DRAFT FORM 990 WHICH IS REVIEWED BY MANAGEMENT. AFTER APPROVAL, AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO THE FULL BOARD WITH AN OPPORTUNITY TO REVIEW AND COORDINATE ANY APPROPRIATE CHANGES TO FORM 990 BEFORE IT IS FINALIZED AND FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS AND DIRECTORS COMPLETE CONFLICT OF INTEREST DISCLOSURE FORMS ANNUALLY. NO PURCHASE IS ALLOWED FROM ANY BUSINESS AFFILIATED WITH EMPLOYEES OR BOARD MEMBERS WITHOUT APPROPRIATE DISCLOSURE AND APPROVAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF MET COUNCIL'S CHIEF EXECUTIVE OFFICER IS SET BY THE BOARD COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE EXECUTIVE COMMITTEE AND THE CHAIR OF THE AUDIT COMMITTEE, WHICH CONSIDERS THE COMPENSATION OF COMPARABLE EXECUTIVES. COMPENSATION OF MET COUNCIL'S KEY STAFF AND SENIOR EXECUTIVES IS SET BY THE CHIEF EXECUTIVE OFFICER, SUBJECT TO THE REVIEW AND APPROVAL OF THE COMPENSATION COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Employer identification number

13-2738818

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COUNCIL TOWERS VI LP 77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 27-1111603	LOW INCOME HOUSING FOR THE ELDERLY	NY	N/A					No			No	
(2) COUNCIL TOWERS VII LP 77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 45-4830456	LOW INCOME HOUSING FOR THE ELDERLY	NY	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CTVI GP CORP 77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 27-1111739	HOUSING DEVELOPMENT	NY	N/A	C					No
(2) COUNCIL TOWERS VII GP LLC 77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 45-4877635	HOUSING DEVELOPMENT	NY	N/A	C					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COUNCIL TOWERS V HOUSING DEVELOPMENT FUND CORPORATION	D	133,849	FMV
(2) 351 EAST 61ST STREET HOUSING DEVELOPMENT FUND CORPORATION	D	134,731	FMV
(3) COUNCIL TOWERS HOUSING DEVELOPMENT FUND CORPORATION	D	128,574	FMV
(4) COUNCIL TOWERS II HOUSING DEVELOPMENT FUND CORPORATION	D	213,527	FMV
(5) COUNCIL TOWERS IV HOUSING DEVELOPMENT FUND CORPORATION	D	148,214	FMV
(6) SHORE FRONT COUNCIL HOUSING DEVELOPMENT FUND CORP	D	70,208	FMV

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-2738818

Name: METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-4041455	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 26-1264479	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 81-0659976	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 26-0331924	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 20-2550073	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-4041459	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 20-5164383	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 20-3426250	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3748361	TO PROVIDE MANAGEMENT SUPPORT FOR LOW INCOME HOUSING	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3741272	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3751223	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3857947	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3986958	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 20-5686282	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 27-0631959	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 46-0541266	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 11-3669550	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3089944	HOME ATTENDANT SERVICE TO HOMEBOUND WHO QUALIFY FOR MEDICAID (DISCONTINUED)	NY	501(C)(3)	LINE 7	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 02-0532315	LOW INCOME HOUSING FOR THE ELDERLY	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-4147128	EMPLOYMENT AND TRAINING	NY	501(C)(3)	LINE 7	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 06-1573179	PROVIDE HEALTHCARE TO THE ELDERLY (DISCONTINUED)	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 11-2518432	HOME ATTENDANT CARE FOR THE ELDERLY AND INFIRM HOMEBOUND (DISCONTINUED)	NY	501(C)(3)	LINE 7	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3547688	LOW INCOME HOUSING FOR FORMERLY HOMELESS	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	
77 WATER STREET 26TH FLOOR NEW YORK, NY 10005 13-3705897	LOW INCOME HOUSING FOR FORMERLY HOMELESS	NY	501(C)(3)	LINE 10	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COUNCIL TOWERS V HOUSING DEVELOPMENT FUND CORPORATION	D	133,849	FMV
351 EAST 61ST STREET HOUSING DEVELOPMENT FUND CORPORATION	D	134,731	FMV
COUNCIL TOWERS HOUSING DEVELOPMENT FUND CORPORATION	D	128,574	FMV
COUNCIL TOWERS II HOUSING DEVELOPMENT FUND CORPORATION	D	213,527	FMV
COUNCIL TOWERS IV HOUSING DEVELOPMENT FUND CORPORATION	D	148,214	FMV
SHORE FRONT COUNCIL HOUSING DEVELOPMENT FUND CORP	D	70,208	FMV