Department of the Treasury Internal Revenue Service

Т

# EXTENDED TO NOVEMBER 15, 2023 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.



AF	or th	e 2022 calendar year, or tax year beginning and e	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	JEWISH BOOK COUNCIL			
	Name	Doing business as	13-37377	50	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		FL	212-201-2	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,338,998.
	Amen	NEW IORK, NI 10016		H(a) Is this a group re	
	Applio dtion pendi	F Name and address of principal officer: IAOMI FIRESTONE TEE	TER	for subordinates	······
	-	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		empt status: $X$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	r 🛄 527	1	list. See instructions
	Vebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1993 M	State of legal domicile: NY
Pa	rt I	Summary	מת חת		
e	1	Briefly describe the organization's mission or most significant activities: SUPPC PUBLICATION OF QUALITY JEWISH CONTENT BOC	VE TN	ENCLICU	
าลท					
veri	2	Check this box if the organization discontinued its operations or dispose		1 - 1	sets. 28
Activities & Governance	3			28	
Š	4 5	Number of independent voting members of the governing body (Part VI, line 1b)		20	
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		96	
ž	6	Total number of volunteers (estimate if necessary)		0.	
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		697,561.	730,280.
nue	9	Program service revenue (Part VIII, line 2g)		537,797.	569,032.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,048.	13,707.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,238,406.	1,313,019.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,850.	25,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		452,233.	551,236.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 31,68	32.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		365,164.	414,480.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		839,247.	990,716.
	19	Revenue less expenses. Subtract line 18 from line 12		399,159.	322,303.
s or Ices			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		2,325,151.	2,613,093.
at As	21	Total liabilities (Part X, line 26)		6,692.	18,436.
2 E E		Net assets or fund balances. Subtract line 21 from line 20		2,318,459.	2,594,657.
Pa	ırt 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	Signature of officer		Date							
-	NAOMI FIRESTONE TEETER, E									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	WILLIAM SKODY	WILLIAM SKODY		· · · · · · · · · · · · · · · · · · ·	P00631754					
Preparer		CPAS, PC		Firm's EIN 13-	3597814					
Use Only	Firm's address 520 EIGHTH AVE, S	SUITE 2200								
	NEW YORK, NY 1001		Phone no.212	967-1100						
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

Form	JEWISH BOOK COUNCIL	13-3737760	Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO PROMOTE THE READING, WRITING, PUBLISHING AND D		
	QUALITY JEWISH CONTENT BOOKS IN ENGLISH; SERVE AS		
	RESOURCE CENTER FOR INFORMATION ABOUT THE AMERICA		.т
	SCENE; SERVE AS THE COORDINATING BODY OF JEWISH L		N
2	Did the organization undertake any significant program services during the year which were not list prior Form 990 or 990-EZ?		XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra 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 alloca		
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 665,968. including grants of \$ 25,00		032. <sub>)</sub>
	THROUGH ITS MANY PROGRAMS AND PROJECTS, THE ORGAN		HTIW
	THE FULL RANGE OF PEOPLE WHO ENGAGE WITH BOOKS SU		
	PUBLISHERS, COMMUNITY EVENT ORGANIZERS, LIBRARIAN		HE
	DIVERSITY AND SCOPE OF THE PROGRAMS AND PROJECTS		
	ORGANIZATION TO REACH ALL DEMOGRAPHICS AND DENOMI FACE-TO-FACE, ACROSS NORTH AMERICA AND INTERNATIO		J
	FACE-IO-FACE, ACROSS NORTH AMERICA AND INTERNATIO		
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
			/
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
-0	(Code:) (Expenses \$ including grants of \$	) (nevenue \$)	)
<u> </u>			
4d		N N	
4-	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     665,968.	)	
<u>4e</u>	Total program service expenses   000,900.		<b>90</b> (2022)
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Form 990 (2022)

Part IV Checklist of Required Schedules

JEWISH BOOK COUNCIL

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes " complete Schedule F. Parts II and IV.	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	~	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
_0	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			x
29	"Yes," complete Schedule L, Part IV	28c 29		A X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
u	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2022) JEWISH BOOK COUNCIL 13-3737760 Page 5									
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>					
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 (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x					
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b> </b>					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand			v					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X					
	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v					
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	, ,								
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	Г	000	(0000)					
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Form 990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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

		1.1			Yes	N			
	Enter the number of voting members of the governing body at the end of the tax year	1a	28						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
	Enter the number of voting members included on line 1a, above, who are independent	1b	28						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	any other						
	officer, director, trustee, or key employee?			2					
	Did the organization delegate control over management duties customarily performed by or under the					Ι.			
	of officers, directors, trustees, or key employees to a management company or other person?			3					
	Did the organization make any significant changes to its governing documents since the prior Form			4		2			
	Did the organization become aware during the year of a significant diversion of the organization's as			5					
6	Did the organization have members or stockholders?			6		2			
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	• •		7a		2			
	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?			7b		2			
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye								
	The governing body?	-	-	8a	Х				
	Each committee with authority to act on behalf of the governing body?			8b	Х				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9					
	ion B. Policies (This Section B requests information about policies not required by the Internal F								
					Yes	I			
0a	Did the organization have local chapters, branches, or affiliates?			10a					
	If "Yes," did the organization have written policies and procedures governing the activities of such o								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " on Schedule O how this was done	Yes," de	escribe	12c	X X				
	Did the organization have a written whistleblower policy?			13	X	┢			
	Did the organization have a written document retention and destruction policy?			14	X	$\vdash$			
	Did the process for determining compensation of the following persons include a review and approv			17					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		acpendent						
	The organization's CEO, Executive Director, or top management official	:		15a	x				
				15a 15b					
	Other officers or key employees of the organization			150					
		mont	ith a						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable ontity during the year?			16-					
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a					
			•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			16b					
	exempt status with respect to such arrangements?			מסין	I				
	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>								
	List the states with which a copy of this Form 990 is required to be filed	and 000	T (postion EQ1(c)(2)			<u>م</u> ۲			
		anu 990	- 1 (Section 501(C)(3)	is only	) avall	aD			
	for public inspection. Indicate how you made these available. Check all that apply.	n on 0 -	hadula ()						
	Own website Another's website X Upon request Other (explain		,	a. e.	!-!				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	conflict o	of interest policy, an	id finar	ncial				
9		statements available to the public during the tax year.							
9	statements available to the public during the tax year.								
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be	ooks an	d records						
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be THE ORGANIZATION - $212-201-2920$	ooks an	d records						
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be THE ORGANIZATION - 212-201-2920 520 8TH AVENUE, 4FL, NEW YORK, NY 10018	ooks an	d records	<b>F</b> -		(0)			
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's be THE ORGANIZATION - $212-201-2920$	ooks an	d records	Form	1 <b>990</b>	(2			

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independe	ent Contractors		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

Name and title         Average hours per verse list any blow         Person blow blow         Person blow blow         Person blow blow         Person blow         Person blowblow         Person blow	(A)	(B)			(0	C)			(D)	(E)	(F)
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(1) JARE WEITZMAN         2.00         X         X         X         0.         0.         0.           PRESIDENT         X         X         X         0.         0.         0.         0.           VICE PRESIDENT         X         X         0.         0.         0.         0.           (3) OY GREENBERG         2.00         X         X         0.         0.         0.           (4) LENORE WEITZMAN         2.00         X         X         0.         0.         0.           (5) ALAN KADISH         2.00         X         X         0.         0.         0.           (6) ELISA SPUNGEN BILDNER         2.00         X         X         0.         0.         0.           (7) ABE A. STEINBERGER         2.00         X         X         0.         0.         0.           (7) ABE A. STEINBERGER         2.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0. <td></td> <td>week</td> <td></td> <td>cer an</td> <td>id a d</td> <td>irecto</td> <td>or/trus</td> <td>itee)</td> <td>from</td> <td>from related</td> <td>other</td>		week		cer an	id a d	irecto	or/trus	itee)	from	from related	other
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(13) DANA RAUCHER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) DAVID BEHRMAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) DEBBY MILLER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) EDITH EVERETT       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) ETTA ZIMMERMAN       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.	(12) CARMEL KRAUSS	2.00									
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(14) DAVID BEHRMAN       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) DEBBY MILLER       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) EDITH EVERETT       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.		2.00									
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(15) DEBBY MILLER       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.	(14) DAVID BEHRMAN	2.00									
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(16) EDITH EVERETT       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) ETTA ZIMMERMAN       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.	(15) DEBBY MILLER	2.00									
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(17) ETTA ZIMMERMAN         2.00         X         0. <td></td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2.00									
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		2.00									<b>^</b>
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Form 990 (	2022)
Dort VII	

Name and title         Average hours per week (list any hours for related organizations below line)         Average hours per week (list any hours for related organizations below line)         Average hours per week (list any hours for related organizations below line)         Reportable compensation from the compensation from (W-2/1099-NISC/ 1099-NEC)         Estimated amount of other organizations (W-2/1099-NISC/ 1099-NEC)           (18)         HOWARD JAECKEL         2.00         X         0.         0.         0.           (19)         JOSEPH TELUSHKIN         2.00         X         0.         0.         0.         0.           (11)         JOSEPH TELUSHKIN         2.00         X         0.         0.         0.         0.           (12)         JOSEPH TELUSHKIN         2.00         X         0.         0.         0.         0.           (11)         JOSEPH TELUSHKIN         2.00         X         0.         0.         0.         0.           (12)         JOSEPH TELUSHKIN         2.00         X         0.         0.         0.         0.           (13)         JOSEPH TELUSHKIN         2.00         X         0.         0.         0.         0.           (14)         JOSEPH TELUSHKIN         2.00         X         0.         0.         0.         0. <th>Part VII Section A. Officers, Directors, Tru</th> <th></th> <th>ploy</th> <th>/ees</th> <th></th> <th></th> <th>ighe</th> <th>st C</th> <th>Compensated Employe</th> <th>es (continued)</th> <th></th> <th></th> <th></th>	Part VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st C	Compensated Employe	es (continued)			
Notice part list due       hours part list due with the more hand and list of the due to the hours have and list of the due to the hours have and list of the due to the hours have and list of the due to the hours have and list of the due to the hours have and list of the due to the hours have and list of the due to the hours have and list of the due to the hours have and list of the due to the hours have and list of the due to the due to the hours have and list of the due to the due	(A)	(B)			-	-				(E)		(F)	
week (list and a descendarion)         mom magnitudin gradinations (list) ROMARD JAECKEL         Tom me organization (list) ROMARD JAECKEL         Tom related (list) (list) ROMARD JAECKEL         Tom relation (list) ROMARD JAECKEL	Name and title		(do							Reportable			
Intermining the series of the series										•			
18)       00xMBD JAECKEL       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			<u> </u>					<u> </u>					
18)       00x400 JAECKEL       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			directo				_			U U	CC	•	
18)       00x400 JAECKEL       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			e or o	stee			Isated		J. J	(	c		
18)       00x400 JAECKEL       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		organizations	truste	al tru:		yee	umper		•			•	
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(18) BOWARD JARCKEL       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		,	Indiv	Insti	Offic	Keye	High emp	Form					
19) JOSEPH TELOSINETN       2.00       X       0.00000000000000000000000000000000000	(18) HOWARD JAECKEL	2.00											
DIRECTOR       X       0.       0.       0.       0.         (20) JOSH ROLNICK       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (21) JOY LEVITT       2.00       X       0.	DIRECTOR		X						0.	0	•		0.
1201 JOSE BOLNICK       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(19) JOSEPH TELUSHKIN	2.00											
DIRECTOR       X       0.       0.       0.         (21) JOY LEVITT       2.00       X       0.       0.       0.         (22) JUDITH LEBERMAN       2.00       X       0.       0.       0.         (23) UDITH LEBERMAN       2.00       X       0.       0.       0.         (24) MIL FRANK       2.00       X       0.       0.       0.         (24) MIL FRANK       2.00       X       0.       0.       0.         (25) RUTH LEGOW       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (25) RUTH LEGOW       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.	DIRECTOR		X						0.	0	•		0.
(21) JOY LEVTY       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(20) JOSH ROLNICK	2.00	1										
DIRECTOR       X       0.       0.       0.       0.         (22) JUDITH LIBERMAN       2.000       X       0.       0.       0.         (23) JUDITH LIBERMAN       2.000       X       0.       0.       0.         (23) LILIAN STERN       2.000       X       0.       0.       0.       0.         (23) RUTH FARK       2.000       X       0.       0.       0.       0.       0.         (24) HIMI FRANK       2.000       X       0.	DIRECTOR		X						0.	0	•		0.
(12)       JUDITH LIEBERMAN       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(21) JOY LEVITT	2.00											
DIRECTOR       X       0.       0.       0.       0.         (23)       LILIAN STERN       2.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0. </td <td>DIRECTOR</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0</td> <td>•</td> <td></td> <td>0.</td>	DIRECTOR		X						0.	0	•		0.
(33) LILIAN STERN       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(22) JUDITH LIEBERMAN	2.00											
DIRECTOR       X       0.       0.       0.       0.       0.         (24) MINI FRANK       2.000       X       0.	DIRECTOR		X						0.	0	•		0.
(24) MIMI FRANK       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(23) LILIAN STERN	2.00											
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(25) RUTH LEGOW       2.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(24) MIMI FRANK	2.00											
DIRECTOR       X       0.       0.       0.       0.         (26) TRACY BROWN       2.00       X       0.       0.       0.       0.         DIRECTOR       0.       0.       0.       0.       0.       0.       0.         Ib Subtotal       0.       <	DIRECTOR		Х						0.	0	•		0.
(126) TRACY BROWN       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(25) RUTH LEGOW	2.00								_			_
DIFRECTOR       X       0.	DIRECTOR		X						0.	0	•		0.
tb       Subtotal       0.00000000000000000000000000000000000	(26) TRACY BROWN	2.00	1										
a Total from continuation sheets to Part VII, Section A       135,000.0       0.0       0.0         a Total from continuation sheets to Part VII, Section A       135,000.0       0.0       0.0         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1       1       1       1       1       1       0.0 <td>DIRECTOR</td> <td></td> <td>X</td> <td></td>	DIRECTOR		X										
d Total (add lines 1b and 1c)       135,000.00       0.00         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         9       None       Description of services       Compensation from the organization?         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       (C)         1       Complete this table for your five highest compensate andress NONE       Description of services									• •				
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such individual       4       X         5       X       5       X         6       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       Compensation         1       (A) </td <td>c Total from continuation sheets to Part</td> <td>/II, Section A</td> <td></td>	c Total from continuation sheets to Part	/II, Section A											
compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       Complete this table for your five highest address         NONE       Description of services       Compensation         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2022)         2       Total number of independent contractors (including	d Total (add lines 1b and 1c)								135,000.	0	•		0.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes, " complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       None       Description of services       Compensation         Mame and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEET	2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	ho r	eceived more than \$100	,000 of reportable			
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization of services       C         (A)       NONE       Description of services       C         (A)       NONE       Description of services       C         (B)       (C)       Compensation       C         (A)       NONE       Description of services       C         (C)       Compensation       C       C         (A)       NONE       Description of services       C         (C)       Compensation       C       C         (D)       <	compensation from the organization												
ine 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       (A)       (B)       (C)       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Complete this stayle and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2022)         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the											_	Yes	No
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       5       X         8       (A)       (B)       (C)       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       Compensation         9       Name and business address       NONE       Description of services       Compensation         9       Name and business address       NONE       Description of services       Compensation         9       Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         9       Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         9       Image: Compensation       Image: Compensation	<b>e</b> ,	· · ·				,		- C	, i i	,			
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0         3       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0         Section B. PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)	line 1a? If "Yes," complete Schedule J for	such individual									3		X
5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2022)	-	-		-					-	the organization			
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       Image: Compensation         Image: Compensation of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation from the organization       Image: Compensation       Image: Compensation	5 5			•							4		X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       Compensation       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2022)	• •					-	-						
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       (B)       (C)       Compensation       Compensation         0       0       Description of services       Compensation         0       0       0       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       Form 990 (2022)		mplete Schedul	le J f	for si	uch	pers	son .				5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or Compensation from the organ	· · ·												
(A) Name and business address       NONE       (B) Description of services       (C) Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation from the organization       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation from the organization       Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation											nsatio	n from	
Name and business address       NONE       Description of services       Compensation		r the calendar y	/ear	endi	ng ۱	with	or w	<u>ithir</u>		year.			
2       Total number of independent contractors (including but not limited to those listed above) who received more than         \$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)		a addraaa	3.7/	<b>~</b> NTT						onvisoo	Com	(C)	<b>o</b> n
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)		saucress	N	JNI	5			_	Description of s	ervices	Com	Jensalio	
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)													
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)													
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)													
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)								_					
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)													
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)								_					
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)													
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)								-					
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)													
\$100,000 of compensation from the organization       0         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2022)	• Total number of independent contractor	(in alu dia a hut i	not !!		d + -	+	0.0			are then			
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022)			IUT II	mite	u (0	, trio	nse II: N	stec	a above) who received in	iore trian			
			ידין	1117	<u>.</u>		N G	211	FFTS			- 000	(0000)
	-		× × 1		. 11	- 01					FOr	11 990	(2022)

9 2022.04020 JEWISH BOOK COUNCIL

Form 990 JEWISH Part VII Section A. Officers, Directors,	BOOK COUI			s 2	nd I	liah	est	Compensated Employ	13-373	
(A)	(B)		Jyee		)	ngn	31	(D)	(E)	(F)
Name and title	Average				<b>i</b> tion			Reportable	Reportable	Estimated
	hours	(c				app	Iv)	compensation	compensation	amount of
	per	(0)					.,, 	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	ector				nplo		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted e		(W-2/1099-MISC)		organization
	related	stee c	rustee			oen sa				and related
	organizations	al tru	onal t		loyee	comp				organization
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ind	lns	đ	Ke	Ξį	For			
(27) WILLIAM DAROFF	2.00									
DIRECTOR		Х						0.	0.	(
(28) YONNI WATTENMAKER	2.00									
DIRECTOR		X						0.	0.	(
(29) NAOMI FIRESTONE TEETER	40.00									
EXECUTIVE DIRECTOR		1		x				135,000.	Ο.	(
								,		
		1								
		1								
		1								
		1								
		1								
		L	L	L	L	L	L			

232201 04-01-22

Pa	rt V	111								·
			Check if Schedule O	contains a r	esponse	or note to any lir	ne in this Part VIII	(P)		
							(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
nts nts	1	a	Federated campaigns		1a					
Grai		b	Membership dues		1b					
Am (			Fundraising events	·····	1c					
Gif İlar		d	Related organizations		1d					
Sin,			Government grants (contr		1e					
er S			All other contributions, gifts,	-						
gh			similar amounts not included		1f	730,280.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in	-	1g  \$		730,280.			
<u>a O</u>		h	Total. Add lines 1a-1f	<u></u>	<u></u>	Business Code	130,200.			
<b>л</b>	2	~ ·	PROGRAM SERVI	CE INC	OME	900099	569,032.	569,032.		
vice	_	a b				500055	505,052.	505,052.		
Ser		ь. с								
an See		d.								
Program Service Revenue		۳. e								
Pre		-	All other program service	revenue						
			Total. Add lines 2a-2f				569,032.			
	3		Investment income (includ							
			other similar amounts)				14,172.			14,172.
	4		Income from investment o							
	5	I	Royalties							
				(i)	Real	(ii) Personal				
	6		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)		curities					
	1		Gross amount from sales of assets other than inventory	.,	,514.	(ii) Other				
			Less: cost or other basis	7a ⊿5	, , , , , , , , , , , , , , , , , , , ,					
e			and sales expenses	7ь 25	.979.					
Revenue				7c -	-465.					
Rev			Net gain or (loss)				-465.			-465.
ler			Gross income from fundraisir							
Oth										
			contributions reported on							
		I	Part IV, line 18		8a					
			Less: direct expenses							
			Net income or (loss) from	-						
	9		Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold 10b Net income or (loss) from sales of inventory							
					uniory	Business Code				
sno	11	а								
ane		b.								
sells		č.								
Miscellaneous Revenue		-	All other revenue							
<			Total. Add lines 11a-11d							
	12		Total revenue. See instructio				1,313,019.	569,032.	0.	13,707.
23200	9 12-									Form <b>990</b> (2022

Form 990 (2022)

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2022.04020 JEWISH BOOK COUNCIL

JB2502\_1

13-3737760 Page 9

<sup>11</sup> 

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 respons	(1) (		(C)	(D)
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
	is and other assistance to domestic organizations lomestic governments. See Part IV, line 21				
	its and other assistance to domestic iduals. See Part IV, line 22	25,000.	25,000.		
orga	its and other assistance to foreign nizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	pensation of current officers, directors, ees, and key employees	135,000.	90,292.	37,182.	7,526
perso	bensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B)				
7 Othe	er salaries and wages	349,352.	233,657.	96,221.	19,474
	ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions)				
9 Othe	er employee benefits	29,170.	19,510.	7,618.	2,042. 2,640.
10 Payr	oll taxes	37,714.	25,224.	9,850.	2,640
	for services (nonemployees):				
	agement	0 000	1 105	1 705	
	۱	2,890.	1,105.	1,785.	
	ounting	12,960.		12,960.	
	bying				
	ssional fundraising services. See Part IV, line 17				
	stment management fees				
-	er. (If line 11g amount exceeds 10% of line 25, nn (A), amount, list line 11g expenses on Sch 0.)	95,120.	76,700.	18,420.	
	ertising and promotion	5,622.	5,577.	45.	
	e expenses	187,162.	121,691.	65,471.	
	mation technology		,		
	alties				
	upancy	66,828.	26,731.	40,097.	
	el				
18 Payr	nents of travel or entertainment expenses ny federal, state, or local public officials				
19 Cont	erences, conventions, and meetings				
20 Inter	est				
21 Payr	nents to affiliates				
22 Depr	reciation, depletion, and amortization				
	rance	1,449.		1,449.	
abov line 2 amou	expenses. Itemize expenses not covered e. (List miscellaneous expenses on line 24e. If 4e amount exceeds 10% of line 25, column (A), int, list line 24e expenses on Schedule 0.)				
-	CILITIES RENTAL OTHER	22,584.	22,584.		
	OGRAM EXPENSES OTHER	9,737.	9,737.	1 005	
-	AVEL AND MEETINGS	5,682.	4,397.	1,285.	
	BSITE	2,899.	2,216.	683.	
	ther expenses	1,547. 990,716.	1,547. 665,968.	293,066.	31 600
	functional expenses. Add lines 1 through 24e	JJU,/10.	.000,000	293,000.	31,682
	costs. Complete this line only if the organization				
-	ted in column (B) joint costs from a combined ational campaign and fundraising solicitation.				
	k here if following SOP 98-2 (ASC 958-720)				
232010 12-13					Form <b>990</b> (2022

11280901 788383 JB2502

12 2022.04020 JEWISH BOOK COUNCIL

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

Beginning of year End of year 467,358. 274,090. Cash - non-interest-bearing 1 1 1,679,110. 1,382,675. 2 2 Savings and temporary cash investments 172,060. 87,628. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 7,441. 6,623. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ...... 10a b Less: accumulated depreciation 10b 10c 464,209. Investments - publicly traded securities 11 11 397,050. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 2,325,151. 2,613,093. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,692. 18,436. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 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, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 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 25 of Schedule D 6,692. 18,436. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,063,559. 2,328,657. Net assets without donor restrictions 27 27 254,900. 266,000. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,318,459. 2,594,657. Total net assets or fund balances 32 32 2,325,151. 2,613,093. 33 33 Total liabilities and net assets/fund balances ...

(B)

(A)

Form 990 (2022)

Form **990** (2022)

11280901 788383 JB2502

Form	1990 (2022) JEWISH BOOK COUNCIL	13-37	37760	Pa	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,31					
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>16.</u> 03.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,31					
5	Net unrealized gains (losses) on investments	5	-4	6,1	05.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,59	4,6	57.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		<b>2</b> b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				ĺ			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name	e of t	he organization							identification number	
_			SH BOOK CO						3-3737760	
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	see instruction	าร.		
The o	rgan	ization is not a private found								
1		A church, convention of ch				on 170(b)(1	1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)					
3 [		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	<b>)(b)(1)(A)(i</b> i	ii).			
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								
г		section 170(b)(1)(A)(iv). (C								
6 L	37	A federal, state, or local gov								
7 [	Х	An organization that norma		ntial part of its support f	from a gov	ernmental	unit or from t	the general	public described in	
- [		section 170(b)(1)(A)(vi). (C								
8 L		A community trust describe								
9 L		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	, and state o	f the colleg	e or	
<b>10</b>		university:	(d)	Here 00 1/00/ of the sum				1	- I	
<b>10</b> L		An organization that norma								
		activities related to its exen		-					-	
		income and unrelated busin		(less section of r tax) in		sses acqu	lifed by the of	ganization	aller Julie 30, 1975.	
11 [		See section 509(a)(2). (Con	•	ively to test for public or	foty Soo	nantian E(	O(a)(4)			
12		An organization organized a		•	•			orn out the	purpassa of one or	
		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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3).</b> Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
2		7				-		-	aivina	
а		<b>Type I.</b> 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		<b>Type II.</b> A supporting org	-		tion with it	o oupport	od organizati	on(o) by bo	vina	
D		control or management o	-				-		-	
		organization(s). You mus			ame perso			age the sup	porteu	
~		<b>Type III functionally inte</b>			in connoc	tion with	and functions	lly intograt	od with	
с		its supported organization						iny integration	eu with,	
d		<b>Type III non-functionally</b>	.,.					rted organi	zation(s)	
u		that is not functionally int						•		
		requirement (see instruct			-		-	u an allem	IVENESS	
е		Check this box if the orga		-						
e		functionally integrated, or					а туре ї, туре	л, туре ш		
f	Ente	er the number of supported of		nany integrated support	0 0	Lation.				
		vide the following information	•							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Total										

#### Schedule A (Form 990) 2022

#### JEWISH BOOK COUNCIL

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	937,604.	1133100.	657,167.	697,561.	730,280.	4155712.
2	Tax revenues levied for the organ-						
	ization'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	937,604.	1133100.	657,167.	697,561.	730,280.	4155712.
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)						683,609.
6	Public support. Subtract line 5 from line 4.						3472103.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	937,604.	1133100.	657,167.	697,561.	730,280.	4155712.
8	Gross income from interest.			-			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,922.	4,080.	3,320.	3,048.	14,172.	27,542.
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.)						
11	Total support. Add lines 7 through 10						4183254.
	Gross receipts from related activities,	etc (see instructi	ans)			12 2	,652,954.
	First 5 years. If the Form 990 is for th			fourth or fifth tax	vear as a section !		,,
10	organization, check this box and <b>stor</b>					501(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
-	Public support percentage for 2022 (		-	column (f))		14	83.00 %
	Public support percentage from 2021					15	82.97 %
	<b>33 1/3% support test - 2022.</b> If the o						-
	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
~	and stop here. The organization qual	•				•	
17a	10% -facts-and-circumstances tes						
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
L	10% -facts-and-circumstances tes	-				17a and line 15 is	
N.	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
19	Private foundation. If the organization		•				•
10	i mate roundation. It the organizatio			a, 100, 17a, 01 17k			5 (Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the		ret second third	fourth or fifth to		$\frac{1}{501(c)(3)}$	tion
17	ale a studiete de sur an at adams de sur	0			-		
Sec	ction C. Computation of Publ						·····
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2022					16	% %
	ction D. Computation of Inve						70
	Investment income percentage for 20		¥		N	17	%
	Investment income percentage for					18	% %
	33 1/3% support tests - 2022. If the						
130	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the						and
N	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
		T GIG TIOL CHECK à			THE DUX AND SEE IN		A (Form 990) 2022
23202	23 12-09-22			17		Schedule	

11280901 788383 JB2502

2022.04020 JEWISH BOOK COUNCIL

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a 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? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part IV	Supporting Orgar	nizations <sub>(cont</sub>	tinued)	
	A (Form 990) 2022	JEWISH		COUNCI

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	1		

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Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations
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Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2022

2a

2b

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Yes No

Part V

(Form 990)	2022	JEWISH	BOOK	COUNCIL	
Type III	Non-Function	onally Integ	prated 5	09(a)(3) Supporting Organ	izations

		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in <b>I</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see
		- 0		

instructions).

Schedule A (Form 990) 2022

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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 exe	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2	2					
3	Administrative expenses paid to accomplish exempt purpose	ns 3	}					
4	Amounts paid to acquire exempt-use assets		4	4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5	<b>i</b>				
6	Other distributions (describe in Part VI). See instructions.		6	<b>i</b>				
7	Total annual distributions. Add lines 1 through 6.		7	,				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e					
	(provide details in Part VI). See instructions.		8	<b>i</b>				
9	Distributable amount for 2022 from Section C, line 6		g					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
-	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

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	WISH BOOK COUNCIL	13-3737760 Page
Part VI Supplemental Informatic Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	<b>ON.</b> Provide the explanations required by Part II, line 10, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; I Part V, Section E, lines 2, 5, and 6. Also complete this	); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
32028 12-09-22	22	Schedule A (Form 990) 2
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

Employer identification number

13-3737760
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	JEWISH BOOK COUNCI	L		13-3737760
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	<b>Ints.</b> Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		·
		(a) Donor advised funds	<b>(b)</b> Fun	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	l writing that the assets held in donor advis	ed funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor of			
			°,	Yes No
Pa		capization answord "Yos" on Form 000		
		-	artiv, inte i	•
1	Purpose(s) of conservation easements held by the organization		a biotoriaallu	important land area
	Preservation of land for public use (for example, recrea			important land area
	Protection of natural habitat	Preservation of	a certified hi	storic structure
•	Preservation of open space	e 1 1 1 1 1 1 1 1 1		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conserv	ation easement on the last Held at the End of the Tax Year
	day of the tax year.			Held at the End of the Tax Feat
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic str		2c	
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organizatio	n during the tax
	year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easeme	nts during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement a	Ind
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that des	scribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance :	sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	irtherance of	public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance shee	et works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of pu	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	···· · · · · · · · · · · · · · · · · ·			\$
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under FASB A		5 ., [. 6.16	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
-	For Paperwork Reduction Act Notice, see the Instruction			✓ Schedule D (Form 990) 2022

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued]         a Using the organization acquisition, accession, and other records, check any of the following that make significant use of its content use of its content time (check all that apply): <ul> <li>Police exhibition</li> <li>Besterio exhibition</li> <li>Besterio exhibition</li> <li>Besterio in thure generations</li> <li>Description of thure generations is collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> <li>During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>During the year, did the organization accelection?</li> <li>Yea</li> <li>No</li> <li>Part III Escrow and Custodial Arrangements. Complete if the organization answered "Yea" on Form 900, Part X, Ine 21.</li> <li>Is the organization and agent, trustee, custodian or other intermodiary for contributions or other assets not included on Form 900, Part X, Ine 21.</li> <li>Is the organization and and the organization answered "Yea" on Form 900, Part X, Ine 21.</li> <li>Is the organization include an annount on Form 900, Part X, Ine 21.</li> <li>Is the organization include an annount on Form 900, Part X, Ine 21.</li> <li>Is the organization include an annount on Form 900, Part X, Ine 20.</li> <li>If 'Yea,' exclain the arrangement in Part XIII. Check here if the organization answered 'Yeas 'or Form 900, Part X, Ine 20.</li> <li>If Yea,' exclain the arrangement in Part XIII. Check here if the organization and the provide on Part XIII.</li> <li>Det the organization and the organization share being provided on Part XIII.</li> <li>Beginning of year balance</li> <li>If Yeas' exclain the arrangement in Part XI</li>	Sche		BOOK COUNC				8-373			ige <b>2</b>
collection lores (check all that apply):       a       b <td>Pa</td> <td>t III Organizations Maintaining C</td> <td>ollections of A</td> <td>rt, Historical 1</td> <td>Freasures, or Ot</td> <td>her Similar</td> <td>Assets</td> <td>(continu</td> <td>ued)</td> <td></td>	Pa	t III Organizations Maintaining C	ollections of A	rt, Historical 1	Freasures, or Ot	her Similar	Assets	(continu	ued)	
a       Public exhibition       d       Can or exchange program         b       Scholary research       0       Other	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	ne following that make	e significant use	e of its			
b       Scholary research       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 air, historical treasures, or other similar assets to be solid to raise hunds rating the magnetic the organization answered "Yes" on Form 990, Part IV, line 9, or responded 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, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Intermediate Complexity of the organization answered "Yes" on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Is the organization and the part XIII.         2       Did the organization include an amount on Form 990, Part X, line 21.       Is the organization include										
c Preservation for future generations 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 answered 'Yes' on Form 990, Part K, line 91, 1 a Is the organization and explain how they further the organization's collection?   Perit W Exponent and annot on Form 990, Part X, line 21, 1 a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?      b If 'Yes,' explain the arrangement in Part XIII and complete the following table:  C Beginning balance C Beginning diverse and the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? C Yes No D B' Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII C Beginning diverse back C Begin Beginning diverse back C Begin	а	Public exhibition	d							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection and the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 3, or     reported an amount on Form 980, Part X, line 31.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     Is did tools during the year     Is did tools during the during tother during tools     Is did tools during	b	Scholarly research	е	e 🛄 Other						
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 980, Part X, line 21.      Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X :     Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table:     Amount     C Beginning balance     1c     Additions during the year     1d     Distributions during the year     1e     Fording balance     1f     C Ending balance     1g     C Endowment Events     (b) Pror year     (c) Two years back     (d) Three years back     (d) Three years back     (d) Four years back     (d) Grants or scholarships     Grants or scholarships     C Nother expenditures for facilities     and programs     (b) Pror year     (c) Two years back     (d) Three years back     (e) Four years back     (f) Administrative expenses     (f) Administrative expenses     (f) Administrative expenses     (g) End of year balance     (h) Pror year     (c) Two years back     (d) Administrative expenses     (f) Administrative expenses     (g) End of year balance     (h) Pror year	С	-								
top out for 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.         The set the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.         A is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.         Amount         Image: Complete III and Complete IIII and Complete IIII and Complete IIII and Complete III  and Complete III and Complete III and Complete IIII and Complete III and Complete IIII and Complete III and Complete IIIII and Complete IIII and Complete IIII and Complete III and Complete IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIII	4						in Part X			
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.         Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Jine 21, Ves).       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Calibrian during the year</li> <li>Calibrian during memmer in Part XII.</li> <li>Destributions during the year</li> <li>Canibrian during memmer in Part XII.</li> <li>Check weat the explanation answered "Yes" on Form 990, Part IV, line 10.</li> </ul> Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance       (a) Current year         Ic Administrative explanation answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance       (b) Prior year         Ic Administrative explanation answered "Yes" on Form 990, Part IV, line 10. </th <td>5</td> <td>0, , , 0</td> <td></td> <td>,</td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td>1</td>	5	0, , , 0		,	,					1
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?       Ves       No         b If 'Yes, 'explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c Beginning balance       1d       Id       Id       Id       Id         d Additions during the year       1e       Id       Id<	Dec									No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       Ic       Amount       Ic       Amount       Ic       Id       Id <td>Pa</td> <td></td> <td></td> <td>ete if the organizat</td> <td>tion answered "Yes"</td> <td>on Form 990, P</td> <td>art IV, lin</td> <td>e 9, or</td> <td></td> <td></td>	Pa			ete if the organizat	tion answered "Yes"	on Form 990, P	art IV, lin	e 9, or		
on Form 990, Part X7       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         a       Distributions during the year       1d         d       Additions during the year       1d         a       Distributions during the year       1d         d       Distributions during the year       1d         d       Distributions during the year       1d         d       Beginning of year balance       1f       1d         e       Distributions       (e) Four reparatization answered "Yes" on Form 990, Part IV, line 10.       1d         f       Beginning of year balance       (e) Ourrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a reparation answered "Yes" on Form 990, Part IV, line 10.         f       Administrative expenses       1d       1d         g       End of year balance       9%       1d       1d         f       Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       abcard designated or quasi-endowment       9%         g						at the structure of				
b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>Amount</li> <li>b</li> <li>Beginning balance</li> <li>Id</li> <li>If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII</li> <li>Im</li> <li>Id</li> <li>If 'te explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII</li> <li>Id</li> /ul>	1a						Γ,			
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         a       Beginning of year balance       Image: Check here if the explanation answered "Yes" on Form 990, Part IV, line 10.         c       Other expenditures for facilities       Image: Check here in the provemation of the organization that are held and administered for the organization sited as required on Schedule R?       Image: Check here endowment thrended uses of the organization sited as required on Schedule R?         d       Aret there endowment thrended uses of the organization sited as required on Schedule R?       Image: Schedule Schedule R?         d       Image: Check here in therede duganizations       Image: Schedule R?       Image: Schedule R?         d       Image: Check here in therede duganizations       <	h						🖵 '	res		NO
c       Beginning balance       1c         d       Additions during the year       1d         Distributions during the year       1e         f       Ending balance       1f         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 on Part XIII       Yes       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (e) Four years back         d       Grants or scholarships       (b) Prior year       (c) Two years back       (e) Four years back         f       Administrative expenses       (c) Administered for facilities       (c) Administered for facilities       (c) Administered for the organization scholarship         g       End of year balance       (f) Administered f	a	If res, explain the arrangement in Part XIII	and complete the lo	nowing table.			Δ	mount		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives       No         Dit 'Yes' explain the arrangement in Part XIII       1       1       Ives       No         Part V       Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part X, line 10.       (e) Four years back       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Ornthoutions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Ornthoutions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Ornthoutions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Ornthoutions       (a) Contributions       (a) Contributions       (d) Ornte years back       (e) Four years back         7       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Contrent y	~	Reginning balance				10				
e Distributions during the year 1e   f Ending balance 1f   2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.     1a Beginning of year balance   (a) Contributions     (b) Prior year   (c) Two years back   (d) Contributions     (e) Contributions     (f) Contributions     (h) Prior year     (c) Two years back        (e) Contributions     (f) Contributions        (h) Prior years   <										
f       Ending balance										
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Control schoold the schoold the organization answered 'Yes' on control the processon were the schoold the precision for the organization by:       (f) Chart schoold the proce										
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Cher expenditures for facilities       (c) Three years back       (e) Four years back         a       Other expenditures for facilities       (c) Three years back       (c) Three years back       (e) Four years back         g       End of year balance       (c) Three years back       (c) Three years back       (e) Four years back         g       End of year balance       (c) Three years back       (c) Three years back       (e) Four years back         g       End of year balance       (c) Three years back       (c) Three years back       (e) Four years         g       End of year balance       (c) Three years back       (c) Three years back       (e) Four years         g       End of year balance       (c) Three years back       (e) Four years       (e) Four years         g       End							<b>`</b>	Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (c) Two years       (d) Three years back       (e) Four years back         g       End of year balance       (b) Cott or three expenditures for facilities       (c) Two years back       (c) Two years back       (c) Two years										
1a       Beginning of year balance										
b       Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back 🛛 🌔	<b>e)</b> Four <u>۲</u>	years l	back
c Net investment earnings, gains, and losses d Grants or scholarships Grants or scholarship	1a	Beginning of year balance								
d Grants or scholarships	b	Contributions								
e       Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses								
and programs	d	Grants or scholarships								
f       Administrative expenses	е	Other expenditures for facilities								
g End of year balance		and programs								
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%         mthe 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations isted as required on Schedule R?</li> <li>(i) Land, Buildings, and Equipment.</li> </ul> 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 (other)         basis (investment)       basis (other)         basis (other)       depreciation         c       Leasehold improvements         d       Equipment         e Other       Other	f	Administrative expenses			_					
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:	g	-								
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(iii) And, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> V     Description of property     (a) Cost or other     (b) Cost or other         (c) Accumulated       (d) Book value               b <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Cast or other</li> <li>(c) Other</li> <li>(c) Other</li>				ce (line 1g, column	(a)) held as:					
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:	а			_%						
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:  (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered (iii) Related organization (iii) Related organization answered (iii) Related (iii) Relat	b									
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 line 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.         0       Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a Land       1a Land       1a Land         b Buildings       1a Land       1a Land       1a Land       1a Land         a Cupipment       1a Land       1a Land       1a Land       1a Land         b Buildings       1a Land       1a Land       1a Land       1a Land       1a Land       1a Land         a Cupipment       1a Land	с									
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c       3c       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Schedule R?       3b       3c			•							
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 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.       3b         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 (other)       (c) Accumulated depreciation         1a Land	за		ession of the organiz	ation that are held	and administered to	r the		Ŀ	Vac	No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 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)       (d) Book value         1a       Land		0 7					Г		Tes	NO
b       If "Yes" on line 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 (other)       (c) Accumulated depreciation         1a       Land										
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         1a       Land	h	(II) Related organizations	tions listed as requi	rod on Schodulo E						
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         1a       Land							L	30		
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         1a       Land	<u> </u>			Swittent funds.						
basis (investment)     basis (other)     depreciation       1a Land				0, Part IV, line 11a	. See Form 990, Part	X, line 10.				
b Buildings		Description of property		• •			(c	I) Book	value	,
b Buildings	1a	Land								
c       Leasehold improvements										
d Equipment										
e Other										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	e 10c.)					0.

Schedule D (Form 990) 2022

232052 09-01-22

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	(Form 990) 2022			COUNCIL
Part VII	Investments	<ul> <li>Other Securi</li> </ul>	ties.	

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(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) LONG-TERM US TREASURY			
(B) NOTES	300,084.		
(C) CORPORATE BONDS	96,966.	END-OF-YEAR MAR	KET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	397,050.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15)		
Part X Other Liabilities.	<del>,</del> , J.,		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 000 Port V	line 25
(a) Dependention of lightlike	on on 330, Fait IV, III e	THE OF THE GEET UNIT 330, Fall A,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(7) (9)			
(8) (9)			
	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	a 25 )		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 JEWISH BOOK COUNCIL			13-	3737760 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,266,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-46,105.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-46,105.
3	Subtract line 2e from line 1			3	1,313,019.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,313,019.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	990,716.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	990,716.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	990,716.
Pa	t 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.

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SCHEDULE (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.							
Department of t Internal Revenue				Attach to Form		- 41		Open to Public Inspection	
			Go to www.irs	.gov/Form990 for	the latest inform	ation.		•	
Name of the	e organization JEWISH BO	OK COUNCI	L					Employer identification number $13 - 3737760$	
Part I	General Information on Grants a	Ind Assistance							
criteri	the organization maintain records a used to award the grants or assis	stance?				ty for the grants or ass		tion X Yes No	
	ibe in Part IV the organization's pro						/		
	Grants and Other Assistance to recipient that received more than a					anization answered "	es" on Form 990, Parl	t IV, line 21, for any	
	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance	
2 Enter	total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table					

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

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

Schedule I (Form 990) 2022

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ONORARIA & PRIZES: NJBA	24	25,000.	0.		

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

PART I, LINE 2:

### GRANTS ARE AWARDED BASES ON SPECIFIC CRITERIA AND ARE APPROVED BY THE BOARD

COMMITTEE THAT OVERSEES ALL RECIPIENTS OF GRANTS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



JEWISH BOOK COUNCIL

13-3737760

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

NORTH AMERICA IN BOTH GENERAL AND JEWISH VENUES; AND SERVE AS THE NORTH

AMERICAN REPRESENTATIVE OF JEWISH LITERATURE ON THE INTERNATIONAL

SCENE.

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

THE FORM 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL FORM 990 (FILED WITH THE IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION. IN ADDITION, UPON REQUEST OF ANY BOARD MEMBER, A COPY WILL BE PROVIDED. IF THERE ARE ANY MATERIAL CHANGES, AN AMENDED FORM 990 WILL BE FILED.

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

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION.

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

COMPENSATIONS ARE DISCUSSED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM

990, FORM 1023, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECT	ION C. LINE 19:	
LHA For Paperwork Reduction Act Notice, s	-	Schedule O (Form 990) 2022
232211 10-28-22	34	
11280901 788383 JB2502	2022.04020 JEWISH BOOK COUNCIL	JB2502_1

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990. PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

232212 10-28-22

11280901 788383 JB2502

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

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

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

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

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

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	ridentificatio	n number (TIN)		
print	JEWISH BOOK COUNCIL				13-37	37760		
File by the due date for filing your	e for Number, street, and room or suite no. If a P.O. box, see instructions.							
return. See instruction		oreign add	lress, see instructions.					
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)					
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Form 99	0-T (corporation) THE ORGANIZATIO	07						
Telep If the If this box 1 Ir th 2 If [	books are in the care of books are in the care of 520 8TH AVENUE books are in the care of 212-201-2920 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the org . X calendar year $2022$ or tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Ur Group Exe and atta <b>NOVEI</b> anization's , an theck reas	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2023 , to file s return for: d ending on: Initial return	f this is fo f all memb	r the whole g ers the exter npt organizat	roup, check this nsion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp			Зb	\$	0.		
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by					
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.		
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 8879	9-TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2022)		

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# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion								
For Fiscal Year Beginning	g (mm/dd/yyy	y) 01/01/2	2022 and Ending (r	nm/dd/yyyy) 12/31/2	022				
Check if Applicable: Address Change	Name of Org JEWISH	anization: I BOOK COU	JNCIL		$\begin{array}{c} \mbox{Employer Identification Number (EIN):} \\ 13-3737760 \end{array}$				
Name Change	Mailing Addr 520 81	ess: 'H AVENUE	, NO. 4FL		NY Registration Number: $05-28-79$				
Final Filing	City / State / NEW YC		L0018		Telephone: 212 201-2920				
Reg ID Pending	Website: JEWISH	IBOOKCOUN	CIL.ORG		Email: INFO@JEWISHBOOKS.OR				
Check your organization's registration category:	Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .								
2. Certification									
See instructions for certif	ication require	ements. Improper	certification is a violation	of law that may be subject to	o penalties. The certification requires				
two signatories.									
				all attachments, and to the l of the State of New York ap	pest of our knowledge and belief, plicable to this report.				
President or Authorized	Officer <sup>.</sup>			• OFFICER					
		Signature		Print Name a	and Title Date				
Chief Financial Officer or	Traggurar			• OFFICER					
	neasurer.	Signature		Print Name a	and Title Date				
3. Annual Reporting	a Exemptio	on							
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.          3a. 7A filing exemption:       Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.         3b. EPTL filing exemption:       Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.									
4. Schedules and A	ttachment	ts							
See the following page for a checklist of schedules and attachments to complete your filing.       Yes       X       No       4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.									
5. Fee									
See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you are submitting here:	\$	25.	EPTL filing fee:	Total fee:	Make a single check or money order payable to: <b>"Department of Law"</b>				
CHAR500 Annual Filing for *The "Exempt" category re			• •	not refer to its IRS tax desig	nation.				

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CHAR500	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:						
UTANJUU	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.						
Annual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.						
Annuar I ling Onecklist	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3						

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fun If you answered "yes" in Part 4b, submit Schedule 4b: Government G	d Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
<ul> <li>Check the financial attachments you must submit with your CHAR500:</li> <li>IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable</li> <li>All additional IRS Form 990 Schedules, including Schedule B (Schedu disclosure and will not be available for public review.</li> <li>Our organization was eligible for and filed an IRS 990-N e-postcard. O filing year. We have included an IRS Form 990-EZ for state purposes</li> </ul>	ur revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certifi Review Report if you received total revenue and support greater than Audit Report if you received total revenue and support greater than If the fiscal year begins before that date, an Audit Report is required in No Review Report or Audit Report is required because total revenue and We are a DUAL filer and checked box 3a, no Review Report or Audit	\$250,000 and up to \$1,000,000 1,000,000 and the fiscal year begins on or after July 1, 2021. f total revenue and support is greater than \$750,000 and support is less than \$250,000
Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b	á
\$25, if the NET WORTH is less than \$50,000	1
$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	E
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	a
$\fbox$ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Ē
50,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	0
\$1500, if the NET WORTH is \$50,000,000 or more	k

#### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov **7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

<sup>268461</sup> <sup>01-24-23</sup> 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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