# EXTENDED TO NOVEMBER 15, 2024 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.



Department of the Treasury Internal Revenue Service

A	or th	e 2023 calendar year, or tax year beginning an	d ending	_				
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number			
	Addre	JEWISH BOOK COUNCIL						
	Name				13-3737760			
	Initial return		Room/suite	E Telephone number	r			
	Final return	520 8TH AVENUE	4 FL	212-201-				
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,410,556.			
	Amen	NEW TORK, NI 10010		H(a) Is this a group re				
	Applion tion pendi	F Name and address of principal officer 11100111 1 1110010111	EETER	for subordinates				
	-	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X 501(c)(3) 501(c)()$ (insert no.) 4947(a)(1	) or 527	,	list. See instructions			
-	Nebsi			H(c) Group exemption				
	art I	f organization: X Corporation Trust Association Other	L Year		State of legal domicile: NY			
Г	T	Briefly describe the organization's mission or most significant activities: TO						
Ce	1	CELEBRATE JEWISH BOOKS, AUTHORS, AND ID	EAS.	, AHIDIPI, A				
Governance	2	Check this box if the organization discontinued its operations or disp		e than 25% of its net as	sete			
ver	3				29			
ŝ	4	Number of independent voting members of the governing body (i at vi, interta)			29			
Š	-	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8			
itie	6	Total number of volunteers (estimate if necessary)			118			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		730,280.	754,466.			
nue	9	Program service revenue (Part VIII, line 2g)		569,032.	607,076.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,707.	47,209.			
ш.	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)		1,313,019.	1,408,751.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,000.	41,067.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	551,236.	575,624.			
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 30, 5		0.	0.			
Хр				414 400	407 100			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		414,480.	427,100.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		990,716. 322,303.	1,043,791.			
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		، ۵۵۵ , ۵۵۵ eginning of Current Year	364,960.			
its o.				2,613,093.	End of Year 3,161,025.			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		18,436.	4,299.			
let ⊭ ind	21	Total liabilities (Part X, line 26)		2,594,657.	3,156,726.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,394,03/•	5,130,120.			
		-		ants and to the best of m	- Instantia data and the Bat State			

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					
			EXECUTIVE DIRECTOR							
	Type or print name and t	itle								
	Print/Type preparer's na	me	Preparer's signature	Date	Check	PTIN				
Paid	WILLIAM SKO	DY	WILLIAM SKODY	11/15		P00631754				
Preparer	Firm's name SKO	DY SCOT & CO,	CPAS, PC		Firm's EIN 13-	-3597814				
Use Only	Firm's address 520	EIGHTH AVE, S	SUITE 2200							
	NEW	YORK, NY 1001	.8		Phone no.212	967-1100				
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🛄 No									
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

	990 (2023) JEWISH BOOK COUNCIL	13-373776	0 Page
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: JEWISH BOOK COUNCIL IS THE LONGEST-RUNNING ORGANIZATION		
	EXCLUSIVELY TO THE SUPPORT AND CELEBRATION OF JEWISH LI		3 3 10
	JEWISH BOOK COUNCIL'S MISSION IS TO PROMOTE THE READING PUBLISHING OF JEWISH LITERATURE.	, WRITING,	AND
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		res X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	?	res X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.		,
4a	(Code:) (Expenses \$748,394.including grants of \$41,067.) (ReverTHROUGHITSMANYPROGRAMSANDPROJECTS,THEORGANIZATIOTHEFULLRANGEOFPEOPLEWHOENGAGEWITHBOOKSSUCHAS	N INTERACT	7,076. S WITH
	PUBLISHERS, COMMUNITY EVENT ORGANIZERS, LIBRARIANS, AND		THE
	DIVERSITY AND SCOPE OF THE PROGRAMS AND PROJECTS ALLOWS		
	ORGANIZATION TO REACH ALL DEMOGRAPHICS AND DENOMINATION		AND
	FACE-TO-FACE, ACROSS NORTH AMERICA AND INTERNATIONALLY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revented including grants of \$)	nue\$	
4c	(Code:         ) (Expenses \$) (Revent	nue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 748,394.		
		For	m <b>990</b> (2023
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01	$\frac{3}{116}$		NOF00 1
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Form 990 (2023)

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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	_		x
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	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	- '		
U	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			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-	x	
h	· · · · · · · · · · · · · · · · · · ·	12a		
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	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		1.10		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X (2023)
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 JEWISH
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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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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			
b	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			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 8		х				
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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					
4a	<b>a</b> 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	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
	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					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	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		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.) 11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
с	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						
332005	12-21-23	Form	990	(2023)			

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#### JEWISH BOOK COUNCIL

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.

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					Г
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		t
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		t
6	Did the organization have members or stockholders?			6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or a					t
74	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					t
~	persons other than the governing body?			7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		t
	The governing body?	-	•	8a	х	f
	Each committee with authority to act on behalf of the governing body?			8b	X	t
ы 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			00		+
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal F			1 2	1	T
		overiue	,		Yes	Т
02	Did the organization have local chapters, branches, or affiliates?			10a	185	$\dagger$
				10a		╀
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to answer their apparetime, are consistent with the organization's event purpose?			104		
4-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	x	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	иу рето	re ming the form?	11a		┢
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40	x	I
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	A X	╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		╀
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				v	I
-	on Schedule O how this was done			12c	X	╀
	Did the organization have a written whistleblower policy?			13	X	╀
4	Did the organization have a written document retention and destruction policy?			14	Х	╞
5	Did the process for determining compensation of the following persons include a review and approv		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2				1
	The organization's CEO, Executive Director, or top management official			15a	Х	L
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation			ſ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inizatio	n's			
_	exempt status with respect to such arrangements?	<u></u>	<u></u>	16b		ſ
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $[NY]$					_
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 990	)-T (section 501(c)(3	)s only	) avail	a
	for public inspection. Indicate how you made these available. Check all that apply.			,		
	Own website Another's website X Upon request Other <i>(explair</i>	n on Sc	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	ıd finaı	ncial	
-	statements available to the public during the tax year.					
20		ooks ar	d records			
	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 212-201-2920					
	520 8TH AVENUE, 4FL, NEW YORK, NY 10018					
22002	3 12-21-23			Form	990	('
2000	7			1 0111		(4
11	115 788383 JB2502 2023.04030 JEWISH BOOK CO	IINCI	т.	JTR2	250	2

Part VII	Compensation of Officers,	Directors, Truste	es, Key Employee	s, Highest Comper	nsated
	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.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average		Position (do not check more than one					Reportable	Estimated	
	hours per					than is bot		compensation	Reportable compensation	amount of
	week	offic	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	'u stee			en sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	onal ti		loyee	e om		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lns	Off	Key	Higen	For			
(1) ELISA SPUNGEN BILDNER	2.00									•
PRESIDENT		Х		Х				0.	0.	0.
(2) ALAN KADISH	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) DANA RAUCHER	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) DEBBY MILLER	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) JOSH ROLNICK	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) JOY GREENBERG	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) LENORE WEITZMAN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) LILIAN STERN	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) TRACY BROWN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) ABE A. STEINBERGER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ALAN WIENER	2.00									
DIRECTOR		х						0.	0.	0.
(12) ALEX TROY	2.00									
DIRECTOR		х						0.	0.	0.
(13) ALTIE KARPER	2.00									
DIRECTOR		х						0.	0.	0.
(14) ANDREA MILLER	2.00									
DIRECTOR		х						0.	0.	0.
(15) BLU GREENBERG	2.00									
DIRECTOR		х						0.	0.	0.
(16) CARMEL KRAUSS	2.00									
DIRECTOR		х						0.	0.	0.
(17) DANIEL JEYDEL	2.00									
DIRECTOR		х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

13101115 788383 JB2502

Form 990 (	2023)
Dort VII	

(A)	(B)	pioy 	ees		<u>ан</u> С)	Igne	stC	(D)	(E)		(F)	
Name and title	Average			Pos	itior			Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss pe	erson	than is bot	h an	compensation	compensation		amount	
	week		cer an	id a d	lirecto	or/trus	tee)	from	from related		other	
	(list any hours for	scany g urs for ≞						the	organizations		mpensa	
	related	e or d	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from the ganizat	
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)		nd relat	
	below	Individual trustee or director	Institutional trustee	cer .	Key employee	Highest compensated employee	Former			or	ganizati	ons
	line)	Indi	Inst	Officer	Key	High	Forr			_		
(18) DAVID BEHRMAN	2.00								0			0
DIRECTOR	2.00	X						0.	0	•		0.
(19) EDITH EVERETT DIRECTOR	2.00	x						0.	0			0.
(20) ETTA ZIMMERMAN	2.00							0.	0	•		••
DIRECTOR		x						0.	0			0.
(21) JANE WEITZMAN	2.00								•	-		
DIRECTOR		x						0.	0			0.
(22) JOSEPH TELUSHKIN	2.00											
DIRECTOR		X						0.	0	•		0.
(23) JOY LEVITT	2.00											
DIRECTOR		Х						0.	0	•		0.
(24) JUDITH LIEBERMAN	2.00											
DIRECTOR	0.00	X						0.	0	•		0.
(25) LINDA STERLING	2.00								0			0
DIRECTOR	2.00	X						0.	0	•		0.
(26) RACHEL KADISH DIRECTOR	2.00	x						0.	0			0.
								0.	0			0.
1b Subtotal c Total from continuation sheets to Part V								135,000.	0			0.
d Total (add lines 1b and 1c)								135,000.	0			0.
2 Total number of individuals (including but r												-
compensation from the organization						-,						1
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,				•			-		•			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su	-		-						he organization			v
and related organizations greater than \$15										4		X
5 Did any person listed on line 1a receive or a												Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Schedui	eJī	or si	JCN	pers	son .				. 5		Δ
1 Complete this table for your five highest co	mnensated in	dene	nde	ent c	ont	racto	ors t	that received more than \$	100 000 of compe	nsatior	from	
the organization. Report compensation for										loadioi	i nom	
(A) Name and business			ONE					(B) Description of se			(C) ensatio	n
				_				·				
							_					
							_					
2 Total number of independent contractors (	•	iot lii	mite	d to	tho	se lis ∩	stec	above) who received mo	ore than			
\$100,000 of compensation from the organi SEE PART VII, SECTIO		r I I	NU/	<u>\T</u>	IOI	N S	SHI	EETS		For	n <b>990</b> (2	2023)
332008 12-21-23												
						9						

Form 990 JEWISH Part VII Section A. Officers, Directors,	BOOK COUI				nd F	liab	pct	Compensated Employ	13 - 373	1100
(A)	(B)		Jyee	<u>s, a</u> ((		ngn	531	(D)	(F)	
Name and title	Average			Pos		1		Reportable	<b>(E)</b> Reportable compensation	Estimated
	hours	(c				app	ly)	compensation		amount of
	per							from	from related	other
	week					oyee		the	organizations	compensatio
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		æ	ipens				and related
	organizations below	ual tr	tional		volqu	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STACEY LEVY	2.00	_	-	0	×	<u> </u>	ш			
DIRECTOR	2.00	x						0.	0.	(
(28) WILLIAM DAROFF	2.00							0.	0.	, c
DIRECTOR	2.00	x						0.	0.	(
(29) YONNI WATTENMAKER	2.00									
DIRECTOR		x						0.	0.	(
(30) NAOMI FIRESTONE-TEETER	40.00	<u> </u>								<b>`</b>
EXECUTIVE DIRECTOR		1		x				135,000.	0.	(
		1								
		1								
		<u> </u>	<u> </u>							
								135,000.		

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			Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this P	art VIII		<u></u>	
								<b>(A</b> Total re	L)	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns									
Gra			Membership dues									
fts, An			Fundraising events									
Gil			Related organizations				- 20 000					
Sin',	e     Government grants (contributions)     1e     3       f     All other contributions, gifts, grants, and			30,000.								
utic		f					724,466.					
dt Ott			similar amounts not included				9,000.					
ou			Noncash contributions included in <b>Total.</b> Add lines 1a-1f					754	,466.			
0.			Total. Add intes 1a-11				Business Code	751	, 1001			
Ð	2	а	PROGRAM SERVI	CE	TNCOM	E	900099	607	,076.	607,076.		
vic	2	a b				<u> </u>	300033		/0/01			
Ser		c				_						
an eve		d										
Program Service Revenue		e										
Pr		f	All other program service	reve	nue							
			Total. Add lines 2a-2f					607	,076.			
	3		Investment income (includ	ding	dividends, iı	ntere	est, and					
			other similar amounts)					35	,701.			35,701
	4		Income from investment of	of tax	exempt bo	nd p	roceeds					
	5		Royalties									
					(i) Real		(ii) Personal					
	6			6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6c								
	-		Net rental income or (loss) Gross amount from sales of	)	(i) Securiti		(ii) Other					
	'	а	assets other than inventory	7a	40.04							
		h	Less: cost or other basis	1 a	13,31	5.						
e		U		7b	1,80	5.						
Revenue		с	Gain or (loss)	7c	11,50	8.						
Re			Net gain or (loss)					11	,508.			11,508
ner	8		Gross income from fundraisin									
đ			including \$		of							
			contributions reported on	line	1c). See							
			Part IV, line 18			8a						
		b	Less: direct expenses			8b						
		С	Net income or (loss) from	fund	raising ever	ts						
	9	а	Gross income from gamin	-								
			Part IV, line 19			9a						
			Less: direct expenses			9b						
			Net income or (loss) from	-	-	š						
	10	а	Gross sales of inventory, I			10-						
		h	and allowances			10a 10b						
			Less: cost of goods sold				· · · · · · · · · · · · · · · · · · ·					
		U.	Net income or (loss) from	3वास्ड		у	Business Code					
sno	11	а										
nue		b										
evel		c										
Miscellaneous Revenue		-	All other revenue									
2			Total. Add lines 11a-11d									
	12		Total revenue. See instruction					1,408	<u>,</u> 751.	607,076.	0.	47,209

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2023.04030 JEWISH BOOK COUNCIL

JB2502\_1

Form 990 (2023) JEWISH BOOK COUNCIL

JEWISH BOOK COUNCIL

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response	se or note to any line in t	this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	41,067.	41,067.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,000.	91,349.	36,451.	7,200.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	371,237.	251,202.	100,235.	19,800.
<ul> <li>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</li> </ul>				
9 Other employee benefits	41,323.	27,962.	11,157.	2,204.
10 Payroll taxes	28,064.	18,990.	7,577.	2,204. 1,497.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,160.	325.	1,835.	
c Accounting	12,960.		12,960.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25,				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	106,974.	103,974.	3,000.	
12 Advertising and promotion	6,214.	5,843.	371.	
13 Office expenses	138,800.	94,840.	43,960.	
14 Information technology			<u>·</u>	
15 Royalties				
16 Occupancy	69,393.	27,757.	41,636.	
17 Travel	6,594.	4,355.	2,239.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,406.		2,406.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a FACILITIES RENTAL OTHER	66,504.	66,138.	366.	
b PROGRAM EXPENSES OTHER	7,962.	7,962.		
c BOOK DISTRIBUTION	5,763.	5,763.		
d WEBSITE	1,370.	867.	503.	
e All other expenses		740 204		20 701
25 Total functional expenses. Add lines 1 through 24e	1,043,791.	748,394.	264,696.	30,701.
<b>26 Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
332010 12-21-23				Form <b>990</b> (2023

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Form 990 (2023)

Part X Balance Sheet

13-3737760 Page 11

Fai	ιΛ	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	274,090.	1	513,401.
	2	Savings and temporary cash investments	1,382,675.	2	5,321.
	3	Pledges and grants receivable, net	87,628.	3	81,016.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	4,750.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	464,209.	11	801,804.
	12	Investments - other securities. See Part IV, line 11	397,050.	12	1,754,733.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,613,093.	16	3,161,025.
	17	Accounts payable and accrued expenses	18,436.	17	4,299.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	18,436.	26	4,299.
ß		Organizations that follow FASB ASC 958, check here			
e c		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	2,328,657.	27	2,875,826. 280,900.
ΪB	28	Net assets with donor restrictions	266,000.	28	280,900.
un		Organizations that do not follow FASB ASC 958, check here			
г Г		and complete lines 29 through 33.			
tsc	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	2,594,657.	32	3,156,726.
	33	Total liabilities and net assets/fund balances	2,613,093.	33	3,161,025.
					Form <b>990</b> (2023)

JEWISH BOOK COUNCIL

13101115 788383 JB2502

Form	1 990 (2023) 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	1,40				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04				
3	Revenue less expenses. Subtract line 2 from line 1	3			60.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,59				
5	Net unrealized gains (losses) on investments	5	19	7,1	09.		
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	3,15	6,7	26.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul		2a		x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	<b>5 5 1 </b>		<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			37			
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	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?		<b>3</b> a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3b</b>				

Form **990** (2023)

332012 12-21-23

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

### 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
2023
Onen te Dublie

Open to Public Inspection

Name of the	organization
-------------	--------------

Name of the organization									identification number	
			SH BOOK CO						3-3737760	
Pa	rtI	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instructior	IS.		
The	organi	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	•			on 170(b)( <sup>-</sup>	1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: 11.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or	
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from	
		activities related to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section !	5 <b>09(a)(3).</b> (	Check the box on	
		lines 12a through 12d that				-		-		
а		<b>Type I.</b> A supporting orga								
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting orga	-				-		-	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte						lly integrat	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)	
		that is not functionally int	•	<b>e</b> ,	-		•	d an attent	iveness	
		requirement (see instruct								
е		Check this box if the orga					а Туре I, Туре	II, Type III		
		functionally integrated, or			ng organi	zation.				
		er the number of supported of								
g		vide the following information		<u> </u>	(iv) Is the orga	nization listed			(ui) Amount of other	
	(	i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				

#### Schedule A (Form 990) 2023

JEWISH BOOK COUNCIL

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

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1133100.	657,167.	697,561.	730,280.	754,466.	3972574.
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 $\dots$						
4	Total. Add lines 1 through 3	1133100.	657,167.	697,561.	730,280.	754,466.	3972574.
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)						710,300.
	Public support. Subtract line 5 from line 4.						3262274.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1133100.	657,167.	697,561.	730,280.	754,466.	3972574.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	4,080.	3,320.	3,048.	14,172.	47,209.	71,829.
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						4044403.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 2	,753,674.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ		-				
	Public support percentage for 2023 (					14	80.66 %
	Public support percentage from 2022					15	83.00 %
<b>1</b> 6a	<b>33 1/3% support test - 2023.</b> If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Sebedule A	(Form 990) 2023

Schedule A (Form 990) 2023

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#### 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot occord third	fourth or fifth to			ation
14	First 5 years. If the Form 990 is for the	0			2		
500	check this box and stop here						
	Public support percentage for 2023 (			column (f)		15	%
						16	%
	Public support percentage from 2022 ction D. Computation of Inve						70
	•				\ \	17	0/
	Investment income percentage for 20					17	<u>%</u> %
	Investment income percentage from						
199	<b>33 1/3% support tests - 2023.</b> If the						
J-	more than 33 1/3%, check this box a						
D	<b>33 1/3% support tests - 2022.</b> If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, Check	unis dox and see in		
33202	23 12-21-23			17		Schedule	A (Form 990) 2023

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#### 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	ı Org	anizations (co	nt	inued)	

2

No

No Yes

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

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. **T**. ~ 0....

Section C. Type in Supporting Organizations				

			Yes
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
S	ection 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? <i>If "No," explain in</i> <b>Part VI</b> <i>how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in</i> <b>Part VI</b> <i>the role the organization</i> '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) 2023

2a

2b

За

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	(Form 990)	
Part V	Type III	Non

#### JEWISH BOOK COUNCIL Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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-function	ally intograte	d Type III supporting or	

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

Schedule A (Form 990) 2023

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on 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	ot purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns <b>3</b>			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	e				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2023 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
c	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 JEWIS Part VI Supplemental Information. P Part IV Section A lines 1 2 3b 3c 4	rovide the explanations required by Part II, line 10; Part b. 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec	13-3737760 Page II, line 17a or 17b; Part III, line 12;
line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part (See instructions.)	; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V /, Section E, lines 2, 5, and 6. Also complete this part fo	tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V,
32028 12-21-23		Schedule A (Form 990) 2
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SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(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.



Employer identification number 12-3737760

	JEWISH BOOK COUNCI	L	13-3737760
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
	-	(a) Donor advised funds	(b) Funds 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 Did the organization inform all donors and donor advisors in	writing that the accests hold in denor advi	and funda
5		0	
~	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of		
Dor			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
	<b>o y i</b>		
С	Number of conservation easements on a certified historic str	ucture included on line 2a	
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization 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	t holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	e 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	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
_	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public 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	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
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) 202
332051	09-28-23		
		28	

Sche		BOOK COUNC				13-37			<u>ge</u> 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Ot	her Simil	ar Asse	<b>ts</b> (continu	.ed)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of th	e following that make	e significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d		change program					
b	Scholarly research	e	e 🛄 Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	kempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of			•			-		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arran		te if the organization	on answered "Yes" o	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						٦		1
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:				Amount		
							Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f 20	Ending balance Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.					······ └──			
Par									
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	/ears t	back
1a	Beginning of year balance					,			
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	r the		_		
	organization by:							Yes	No
	(i) Unrelated organizations?								
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			?			3b		
4	Describe in Part XIII the intended uses of the	V	owment funds.						
Par	t VI Land, Buildings, and Equipm			Cas Farma 000 Dart	V line 10				
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·			. 1	( )		
	Description of property	(a) Cost or o basis (investr	. ,		Accumulate lepreciation		( <b>d)</b> Book	value	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, colum	nn (B))		<u></u>			0.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D (Form 990)	) 2023	JEWISH	BOOK	COUNCIL

Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) LONG-TERM US TREASURY			
	1 655 124	END-OF-YEAR MARKET	
	1,655,134. 99,599.	END-OF-YEAR MARKET	
(-)		END-OF-TEAK MARKET	VADOR
(D)			
(E) (F)			
(G)			
(B)(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,754,733.		
Part VIII Investments - Program Related.	_,,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, cc	ol (B))		
	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	. (b) Book value
Complete if the organization answered "Yes"  1. (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2)	on Form 990, Part IV, line <sup>-</sup>	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line <sup>-</sup>	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)	on Form 990, Part IV, line <sup>-</sup>	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line <sup>-</sup>	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 JEWISH BOOK COUNCIL	13-	3737760 Page 4		
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,605,860.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	197,109.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е				2e	197,109.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,408,751.
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			
	Add lines <b>4a</b> and <b>4b</b>		4c	0.	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		1,408,751.		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	Irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	1,043,791.
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				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,043,791.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,043,791.
Pa	rt XIII Supplemental Information				
	is the dependent on a subort for Dept II. Base O. E. and O. Dept III. Base As and A. E.				

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.

332054 09-28-23

13101115 788383 JB2502

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Attach to Form 990.									
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection	
Name of the organizati	on JEWISH BO	OK COUNCT	т.					Employer identification number 13-3737760	
Part I General In	formation on Grants a							T2-2121100	
	zation maintain records		amount of the grants	or assistance the	arantees' eligibilit	v for the grants or ass	istance and the selec	tion	
-	ward the grants or assis		-						
	IV the organization's pro								
Part II Grants and	d Other Assistance to hat received more than	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Parl	t IV, line 21, for any	
	Idress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	

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

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

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

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>(b)</b> Number of recipients	<b>(c)</b> 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
NATIONAL JEWISH BOOK AWARD PRIZE	25	27,250.	0.		
EDITORIAL FELLOWSHIP	1	13,817.	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.

#### (Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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

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.

must use For	m 7004 to request an extension of time to file incom	e tax retu	rns.				
Part I - Ident	ification						
Type or N	lame of exempt organization, employer, or other filer	Taxpayer identification number (TIN)		umber (TIN)			
Print							
File by the	VEWISH BOOK COUNCIL	13-3737	760				
due date for N	lumber, street, and room or suite no. If a P.O. box, so <b>520 8TH AVENUE , 4FL</b>	ee instruc	tions.				
instructions.	ity, town or post office, state, and ZIP code. For a for <b>IEW YORK , NY 10018</b>	oreign add	Iress, see instructions.				
Enter the Ret	urn Code for the return that this application is for (file	e a separa	ate application for each return)			01	
Application I		1	Application Is For			Return	
		Code				Code	
Form 990 or I	Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 4720 (ir		03	Form 5227			10	
Form 990-PF		04	Form 6069			11	
	sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	rust other than above)	06	Form 5330 (individual)			13	
Form 990-T (c	,	07	Form 5330 (other than individual)			14	
Form 1041-A	• •	08					
Plan Na Plan Nu Plan Ye Part II - Autor The books Telephone If the orga If this is fo box	$\begin{array}{c} \mbox{mber} \\ \mbox{matrix} mat$	izations ( 4FL – s in the Ur Group Exe and atta DVEMB	see instructions)         NEW YORK, NY 1001         Fax No.         nited States, check this box         emption Number (GEN)         ich a list with the names and TINs or         ER 15       , 20	f this is for f all memb	r the whole grou	up, check this on is for.	
<b>2</b> If the ta	ax year entered in line 1 is for less than 12 months, c		, and ending on: Initial return	Final retur		, 20	
	nange in accounting period						
	pplication is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	e tentative tax, less		<b>•</b>	Δ	
	nrefundable credits. See instructions.			3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0.	
	ed tax payments made. Include any prior year overp			3b	\$	0.	
	e due. Subtract line 3b from line 3a. Include your pa				¢	0.	
	using EFTPS (Electronic Federal Tax Payment System). See instructions.						

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

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.



Employer identification number 13 - 3737760

JEWISH BOOK COUNCIL

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, SECTION C, LINE 19:

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE CONTRACTORS:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

Name of the organization JEWISH BOOK COUNCIL	Employer identification num 13-3737760
PROGRAM SERVICE EXPENSES	103,97
MANAGEMENT AND GENERAL EXPENSES	3,00
FUNDRAISING EXPENSES	
TOTAL EXPENSES	106,97
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	106,97
FORM 990. PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
	Schedule O (Form 990)

## 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	2023 and Ending (r	nm/dd/yyyy) 12/31/2	023	
Check if Applicable:       Name of Organization:       Employer Identification Number (EIN):         Address Change       JEWISH BOOK COUNCIL       13-3737760						
Name ChangeMailing Address:NY Registration Number:Initial Filing520 8TH AVENUE, NO. 4FL05-28-79						
Final Filing	City / State / NEW YC		10018		Telephone: 212 201-2920	
Reg ID Pending	Website: JEWISH	IBOOKCOUN	CIL.ORG		Email: INFO@JEWISHBOOKS.OR	
Check your organization's registration category:	s	nly 🗌 EPTL o	only X DUAL (7A &		onfirm your Registration Category in the narities Registry at www.CharitiesNYS.com.	
2. Certification						
See instructions for certif two signatories.	ication require	ements. Improper	certification is a violation	of law that may be subject t	o penalties. The certification requires	
We certify under p	enalties of pe	erjury that we revie	ewed this report, including	all attachments, and to the	best of our knowledge and belief,	
they ar	e true, correc	t and complete in	accordance with the laws	of the State of New York ap	plicable to this report.	
				•		
President or Authorized	Officer:	<u></u>		•		
		Signature		Print Name	and Title Date	
Chief Financial Officer or	r Treasurer:			•		
		Signature		Print Name	and Title Date	
		_				
3. Annual Reporting						
					ory (7A or EPTL only filers) or both d Char500. No fee, schedules, or	
					exemption, you must file applicable	
schedules and attachme	•	•		,,,,,, <b>,</b>		
	<b>U</b>				vernment agencies, etc. did not	
	25,000 <u>and</u> the		I not engage a protessiona	il fund raiser (PFR) or fund ra	aising counsel (FRC) to solicit	
		,				
3b. EPTL 1	filing exemption	on: Gross receipts	s did not exceed \$25,000 a	and the market value of asse	ets did not exceed \$25,000 at any time	
during the	fiscal year.					
		_				
4. Schedules and A	ttachmen	ts				
See the following page for a checklist of	Yes X		our organization upo o prof	oppional fund raison fund ra	ising counsel or commercial co-venturer	
schedules and				If yes, complete Schedule		
attachments to			along dolivity in the oldie.		та.	
	X Yes	☐ No 4b. Did th	e organization receive gov	ernment grants? If yes, con	nplete Schedule 4b.	
5. Fee						
See the checklist on the	7A filing	g tee:	EPTL filing fee:	Total fee:	Make a single check or money order	
next page to calculate yo fee(s). Indicate fee(s) you					payable to:	
are submitting here:	\$	25.	\$ 250.	\$ 275.	"Department of Law"	
CHAR500 Annual Filing fo		Proanizations (Upd	dated January 2022)			

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

368451 04-01-23 1019

Page 1

13101115 788383 JB2502

2023.04030 JEWISH BOOK COUNCIL

enter peek cooker	
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.
5	- 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 i If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fu If you answered "yes" in Part 4b, submit Schedule 4b: Government	Ind 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 (Sched disclosure and will not be available for public review.</li> <li>Our organization was eligible for and filed an IRS 990-N e-postcard. filing year. We have included an IRS Form 990-EZ for state purposes</li> </ul>	Our 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 Certa 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 No Review Report or Audit Report is required because total revenue We are a DUAL filer and checked box 3a, no Review Report or Audit	n \$250,000 and up to \$1,000,000 \$1,000,000 and the fiscal year begins on or after July 1, 2021. I if total revenue and support is greater than \$750,000 e and support is less than \$250,000
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b	а
\$25, if the NET WORTH is less than \$50,000	D
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	Е
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	а
$oxed{X}$ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	E
50,000,000 s750, 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	b

#### 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 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 Schedule E - Registration Exemption for Charitable Organizations. 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 www.CharitiesNYS.com.

#### 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>368461</sup> <sup>04-01-23</sup> 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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2023.04030 JEWISH BOOK COUNCIL

### CHAR500

Open to Public Inspection

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:	
JEWISH BOOK COUNCIL	05-28-79	

#### 2. Government Grants

Name of Government Agency	Amount of Grant
1. NEW YORK STATE COUNCIL ON THE ARTS	1. 30,000
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 30,000

368481 04-01-23 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2022)