# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2022 calend	dar year, or t	tax year beg	jinning		, 20	022, an	ıd endin	ıg		,	20	
В	Check if a	pplicable:	С								D Employ	er identi	fication num	ber
	Addre	ess change	Jew in	the City	7						47-	14042	218	
	Name	e change	A NJ Noi	nprofit	Corporat:	ion					E Telepho			
		I return	PO Box 2		_						(20	1) 61	13-207	Ω
		return/terminated	Teaneck	, NJ 076	566						(20	1, 0.	10 207	
		nded return									<b>G</b> Gross r	acainte 6	3 3	319,884.
		ication pending	F Name and	address of princ	inal officer:					H(a) Is this	a group retur			Yes X No
	Дрріі	ication penaing	Same As		. All	lison Jo	osepns			` '	subordinates attach a list		_	Yes No
$\overline{}$	Tay ove	empt status:	X 501(c)(3)	501(c)		insert no.)	4947(a)(1	1) or	527	If "No,	" attach a list	. See inst	tructions.	
<u>'</u>		•			( ) (	ilisert ilu.)	4347 (a)(1	1) 01	JZI					
_	Webs		wintheci			T		I			exemption no			
K		f organization:	X Corporation	Trust	Association	Other		L Year	r of format	ion: 201	4 W S	State of le	egal domicile	: NJ
Pa		Summar			·									
	1 <u>B</u> ı	riefly descri	be the organ	ization's mis	ssion or most	significant a	activities: <u>F</u>	<u>Educa</u>	<u>ate a</u>	<u>nd rai</u>	se awa	renes	ss of .	Jewish
e	<u></u>	culture,	_religio	on and c	urrent is	ssues.								
Activities & Governance	_													
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∘જ					ers of the gove							4		7
<u>8</u>					in calendar y							5		0
₹					if necessary).							6		8
Act					n Part VIII, co							7a		0.
_	<b>b</b> Ne	et unrelated	l business ta	xable incom	e from Form 9	990-T, Part	I, line 11.					7b		0.
										P	rior Year		Curre	ent Year
45	8 C	ontributions	and grants	(Part VIII, Iir	ne 1h)						240,2	255.		293,657.
ž	<b>9</b> Pi	rogram serv	vice revenue	(Part VIII, li	ne 2g)						·			
Revenue	<b>10</b> In	nvestment in	ncome (Part '	VIII, column	(A), lines 3, 4	4, and 7d).								
ď					lines 5, 6d, 8d						33,0	18.		26,227.
					11 (must equa						273,2	273.		319,884.
	<b>13</b> G	irants and si	imilar amour	nts paid (Par	t IX, column (	(A), lines 1-	3)							
	<b>14</b> Be	enefits paid	to or for me	mbers (Part	IX, column (A	4), line 4).								
<b>(</b> 0	<b>15</b> Sa	alaries, othe	er compensa	tion, employ	ee benefits (F	Part IX, colu	umn (A), lir	nes 5-	10)					75,000.
Expenses	<b>16a</b> Pi	rofessional	fundraising f	ees (Part IX	, column (A),	line 11e)								
ber	<b>h</b> To	otal fundrais	sina expense	s (Part IX. d	column (D), lir	ne 25)		36	,399.					
Ä					lines 11a-11c						244,7	166		242,044.
			•	. , .	st equal Part I						244,7			317,044.
					: 18 from line									
- 8 8		everiue iess	expenses.	Subtract line	: 16 HOITI IIIIE	12					28,5		Food	2,840.
ta ∃ ce		otal accote /	(Part V line	16)							ng of Curren			of Year
esse. Bala			•								170,8 12,2			186,790. 25,323.
Net Assets Fund Balanc			•	•							•			
				es. Subtract	line 21 from	line 20					158,6	27.		161,467.
	rt II	Signatur												
Unde	er penalties olete. Decla	s of perjury, I de aration of prepa	eclare that I have arer (other than o	examined this refficer) is based of	return, including ac on all information c	ccompanying so of which prepar	chedules and s er has any kno	statemen owledge.	nts, and to	the best of n	ny knowledge	and belie	ef, it is true,	correct, and
			·	•										
c:.		Signature of	officer							Date				<del></del>
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пе	re		on Joseph t name and title	ns					1	ounaei	c and D	ırec	tor	
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	_		oreparer's name		Preparer's sig			ا	ate		Check	J"	PTIN	
Pa			. RUBENSTE	EIN, CPA	DAVID J.	RUBENSTE	EIN, CPA				self-employ	ed ]	P0143464	14
	eparer		<u>K&amp;R (</u>	CPA'S PLLC							1			
US	e Only	Firm's addre	ess <u>105</u> (	GROVE ST							Firm's EIN	20-	8132678	
			MONSE	EY, NY 109	952						Phone no.	84542	255264	
May	the IRS	S discuss th	is return with	the prepar	er shown ahov	ve? See ins	tructions						Y Voc	. No

# Form 990 (2022) Jew in the City Part IV Checklist of Required Schedules

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

# Form 990 (2022) Jew in the City 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	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 non-cash 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? <i>If "Yes," complete Schedule M</i>	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		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	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			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ	
ВΛΛ	TFFA0104I 09/01/22		990 (	

Form 990 (2022) Jew in the City

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

			Yes	No						
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-									
	ments, filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ						
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule Q</i>	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
		4a		Х						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			177						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Λ						
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?									
	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		Χ						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
	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	7-		X						
L.	services provided to the payor?	7a 7b		_ ^						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/D								
C	Form 8282?	7c		Χ						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring									
	organization have excess business holdings at any time during the year?	8								
	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
а	Note: See the instructions for additional information the organization must report on Schedule O.	134								
h	·									
	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									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a 14b								
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ıπυ		-						
excess parachute payment(s) during the year?  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		Х						
. •	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would									
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								

Form 990 (2022) Jew in the City 47-1404218 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. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year...... 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..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5 Did the organization have members or stockholders?..... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... X 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X 14 Did the organization have a written document retention and destruction policy?..... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See. Schedule. 0....... X 15a **b** Other officers or key employees of the organization. 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NY NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Allison Josephs PO BOX 2168 Teaneck NJ 07666 (201) 613-2070

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ted organiz	ation	con	nper	nsate	ed any	cu	rrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and title	(B) Average hours per week (list any	thar	one both dir	box, an c	unles officer /truste	•	on	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	ter	Key employee	Highest compensated employee	ner			organizations
(1) Allison Josephs	65									
Founder/Directo	0	Χ		Χ				0.	0.	75,000.
(2) Mayer Fertig	0.25	]								
Secretary	0	Χ						0.	0.	0.
_(3) Michael Sage Board Member	0.25	Х						0.	0.	0.
(4) Mordechai Hager	0.25							· ·	0.	
Board Member	0	Х						0.	0.	0.
(5) Elliot Press	0.25							<u> </u>	0.	· ·
Board Member	0	Χ						0.	0.	0.
(6) Herman Friedman	0.25									
Board Member	0	Х						0.	0.	0.
(7) Daniella Wrubel	0.25									
Treasurer	0	Х						0.	0.	0.
(8)										
<u>(9)</u>										
(10)										
(11)		-								
(12)										
(13)										
(14)										

Form 990 (2022) Jew in the City			_						47-1404218	3	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (B) (C)											
(A) Name and title	Average hours per week	box	, unlecer ar	Pos check ess pe nd a d	sition more erson directo	than of the the than of the than of the	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(	<b>(F)</b> ated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation from rganization d related anizations
<u>(15)</u>		-									
<u>(16)</u>		-									
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
<u>(20)</u>											
(21)											
(22)											
(23)											
(24)		-									
(25)											
1b Subtotal								0.	0.		75,000.
c Total from continuation sheets to Part VII, Section								0.	0.		0.
d Total (add lines 1b and 1c)									0. 0 of reportable comp	ensatio	<u>75,000.</u> n
	h hh.	- 1		1-		1	-:1-				Yes No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for such										. 3	Х
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00	00'?	If "	Yes.	" con	nple	ete Schedule J for		4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e compen	satio	n fro	om a	anv i	unrel	ate	d organization or	individual	. 5	X
1 Complete this table for your five highest compensation from the organization. Report compen	sated inde	epend	dent	cor	ntrac	tors	that	t received more th	an \$100,000 of		
(A) Name and business addr		uic c	alcii	uai	year	Criun	ilg v	(B)		(	C) ensation
Total number of independent contractors (including b \$100,000 of compensation from the organization)	out not limi O	ited to	o tho	ose I	istec	d abov	ve)	who received more	than		

# Form 990 (2022) Jew in the City Part VIII Statement of Revenue

		Check if Schedule O contains a	response or note to any	line in this Part VII	I		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
E,	1a	Federated campaigns	1a				
Ta Ta	b	Membership dues	1b				
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events	1c				
	d	Related organizations	1d				
ıs, C	е	Government grants (contributions)	1e				
tior er S	f	All other contributions, gifts, grants, and similar amounts not included above	1f 293,657.				
di to	а	Noncash contributions included in	230,0011				
a p		lines 1a-1f	1g				
	h	Total. Add lines 1a-1f		293,657.			
nue	2-		Business Code				
eve	2a b						
e B	ט						
ξ	4						
Š	e						
Tan	f	All other program service revenue					
Program Service Revenue	q	<b>T.</b> I. A. I. I. I					
	3	Investment income (including divide					
		other similar amounts)					
	4	Income from investment of tax-ex	· · · · ·				
	5	Royalties					
	C-	Oraca route G	al (ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b  Rental income or (loss) 6c					
		Net rental income or (loss) 6c					
		(i) Secur					
	/a	sales of assets	(,,				
	h	other than inventory					
	D	Less: cost or other basis and sales expenses <b>7b</b>					
	С	Gain or (loss) <b>7c</b>					
	d	Net gain or (loss)					
e	8a	Gross income from fundraising events					
/en		(not including \$ of contributions reported on line 1c).	-				
Re		See Part IV, line 18	8a				
ē	b	Less: direct expenses	8b				
Other Revenu		Net income or (loss) from fundrais					
		Gross income from gaming activities.					
		See Part IV, line 19	9a				
		Less: direct expenses	9b				
	С	Net income or (loss) from gaming	activities				
	1 <b>0</b> a	Gross sales of inventory, less returns and allowances	10a				
	h	Less: cost of goods sold	10b				
		Net income or (loss) from sales or					
<b>S</b>	Ť	, 11 11 (111)	Business Code				
о 2	11a	Miscellaneous Income	900099	20,542.	20,542.		
בַּ בַּ	b		900099	5,685.	5,685.		
Miscellaneous Revenue	С						
ຊ ຊ	_	All other revenue					
		Total. Add lines 11a-11d	•	26,227.			
	12	Total revenue. See instructions		319,884.	26,227.	0.	0.

## Part IX

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following

Check here

Form 990 (2022) Jew in the City 47-1404218 Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (D) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Compensation of current officers, directors, trustees, and key employees ...... 75,000 42,750. 15,750 16,500. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... 10 Payroll taxes..... 11 Fees for services (nonemployees): a Management..... **b** Legal..... c Accounting..... 4,000. 4,000 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . Other. (If line 11g amount exceeds 10% of line 25, column 68,281. 6,297. 12,595. 87,173. (A), amount, list line 11g expenses on Schedule OSch. 12 13,597. 13,597. Office expenses..... 6,466. 5,800 13 666. Information technology..... 14 16,112. 16,112. 15 Occupancy..... 17 3,411 2,729 682 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 23 Insurance..... 10,175. 10,175. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) ..... 38,724 <u>Content Creation</u> 38,724 b 30,784 30,784 <u>Event\_Decor\_\_\_\_</u> Parsonage\_\_\_\_\_ 30,101 17,158 6,321 6,622 <u>Meals & Entertainment \_ \_ \_ </u> 1.060 1.060 441 441 e All other expenses..... 49,844 25 Total functional expenses. Add lines 1 through 24e . . . 317,044. 230,801 36,399

		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		148,694.	1	156,770.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		22,173.	4	30,020.
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35% sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined under			
		section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
ţ	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
A	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			11	
	12	Investments – other securities. See Part IV, line 11			12	
	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)	170,867.	16	186,790.
	17	Accounts payable and accrued expenses		12,240.	17	25,323.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability. Complete Part I	L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, director, trustee, Itor, or 35% Sons		22	
_	23	Secured mortgages and notes payable to unrelated th	<del>-</del>		23	
	24	Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	·		25	
	26	Total liabilities. Add lines 17 through 25		12,240.	26	25,323.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
ā	27	Net assets without donor restrictions		158,627.	27	161,467.
ä	28	Net assets with donor restrictions			28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund		30	
SS	31	Retained earnings, endowment, accumulated income,	or other funds		31	
it A	32	Total net assets or fund balances		158,627.	32	161,467.
Š	33	Total liabilities and net assets/fund balances		170,867.	33	186,790.
RΔ	Δ		TEEA0111L 09/01/22			Form <b>990</b> (2022)

Par	t 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	3	19,8	384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	17,0	)44.
3	Revenue less expenses. Subtract line 2 from line 1	3			340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	58,6	
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	1	61,4	
Par	t XII Financial Statements and Reporting	.0		01,-	107.
· u					
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accidat Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	., 	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	3a		Х
h	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au		-		<del></del>
IJ	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
ЗАА				990	(2022)
					. ,

## **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name C	Jew in the					Employer identilit					
		ofit Corporat:				47-140421					
Part							ctions.				
The o	organization is not a private found	lation because it is: (	For lines 1 through 12,	check o	nly one I	box.)					
1	A church, convention of church	nes, or association of c	hurches described in sec	tion 1 <mark>70</mark> (	b)(1)(A)(	i).					
2	A school described in section	n 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)							
3	A hospital or a cooperative h	ospital service organ	nization described in sec	ction 17	0(b)(1)(A	A)(iii).					
4	A medical research organiza	•				• • •	Enter the hospital's				
	name, city, and state:		· - – – – – – – – – -								
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by a	a governmental unit de	escribed in				
6 7	A federal, state, or local gov	J			` ` ` ` `						
,	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial <sub> </sub> Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	ublic described				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	An agricultural research organi or university or a non-land-grauniversity:										
10	X An organization that normall from activities related to its convertment income and unregular June 30, 1975. See section	exempt functions, sub lated business taxabl	pject to certain exception le income (less section	ns; and	(2) no m	nore than 33-1/3% of i	ts support from gross				
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).					
12	An organization organized an or more publicly supported of lines 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> d	or <b>sectio</b>	n 509(a	)(2). See section 509(	ut the purposes of one a)(3). Check the box on				
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	on operated, supervise	ed, or controlled by its sur	ported o	rganizati	ion(s), typically by givin	g the supported ion. <b>You must</b>				
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	zation supervised or or or organization vested in	controlled in connection the same persons that c	with its ontrol or	supporto manage	ed organization(s), by the supported organiza	having control or tion(s). You				
С	Type III functionally integrated	. A supporting organiza	tion operated in connectio	n w <u>i</u> th, a	nd function	onally integrated with, its	supported				
d	organization(s) (see instructi  Type III non-functionally integ	•	•			supported organization(	s) that is not				
	functionally integrated. The continuations instructions). You must com	organization generally plete Part IV, Section	y must satisfy a distributes A and D, and Part V.	tion requ	uirement	and an attentiveness	requirement (see				
е	Check this box if the organiz integrated, or Type III non-fu	nctionally integrated	supporting organization				e III functionally				
f	• • • • • • • • • • • • • • • • • • • •	•									
g	Provide the following informatio	n about the supported	d organization(s).								
(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(7.7)											
<u>(B)</u>											
(C)											
(D)											
<u>(E)</u>											
T											

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

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

<u> </u>	organization fails to quality t	ander the tests his	tea below, please	complete r dit in	•/		
	tion A. Public Support		T		<b>I</b>	T	
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				%
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14			15	%
16a	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the bolicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2021.</b> If the and <b>stop here.</b> The organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	e. Éxplain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	nd-circumstances est. The organizat	s test, check this be tion qualifies as a	oox and stop here publicly supporte	e. Explain in Part d organization.	VI how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	is box and see ins	structions

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

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

Sec	tion A. Public Support			<u></u>			,					
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include			• •								
2	any "unusùal grants.")	203,137.	254,239.	215,784.	238,255.	293,657.	1,205,072.					
3	tax-exempt purpose						0.					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	203,137.	254,239. 0.	215,784.	238,255.	293,657.	1,205,072.					
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	0.	0.	0.	0.	0.	0.					
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.					
	Public support. (Subtract line 7c from line 6.)		3.	<u> </u>			1,205,072.					
Sec	tion B. Total Support		1									
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total					
	Amounts from line 6	203,137.	254,239.	215,784.	238,255.	293,657.	1,205,072.					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0.	0.					
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	0.	0.	0.	0.	0.	0.					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.					
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is	203, 137.	254,239.	215,784.	238,255.	293,657.	1,205,072.					
	organization, check this box and tion C. Computation of Pul	stop here	<u> </u>				<u></u>					
	Public support percentage for 20			ie 13. column (f))	<u> </u>	15	100.00 %					
	Public support percentage from 2	•	.,,				100.00 %					
	tion D. Computation of Inv						100.00					
	Investment income percentage for			d by line 13. colu	ımn (f))	17	0.00 %					
	Investment income percentage fr	•		-			0.00 %					
	33-1/3% support tests-2022. If t	the organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, and	d line 17					
	a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization											

Page 4

# Schedule A (Form 990) 2022 Jew 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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: 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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	: 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 <b>Part VI.</b>	9с		
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)? If "Yes," answer line 10b below.	10a		
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.)	1 <b>0</b> b		

Part	t IV	Supporting Organizations (continued)			
11	l loo k	the experimentary appropriate and a sift or approximation from any of the following payments?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sect	tion I	B. Type I Supporting Organizations			1
	חי אי	ha any avaira hady, was walkaya of the any says in a hady, office ye native in their official consoity, by was walkaya him of one		Yes	No
ı	or mo office organ than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one per supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported initiation(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			•
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization'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				
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
3	voice	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played			
		ines duffing the tax year: It Tes, describe in <b>Fart VI</b> the fole the organizations supported organizations played is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	Т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5).
2	Activi	ities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
а	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities			
	but for the organization's involvement.				
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on Nov	v. 20, 1970 (explain ir complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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	<b>Distributable Amount.</b> 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-functionally inte (see instructions).	grated	Type III supporting org	ganization

BAA Schedule A (Form 990) 2022

9 Distributable amount for 2022 from Section C, line 6

	· / / 0011 211 0110 0201		,
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	d)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	

10 Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	·		

BAA Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE O (Form 990)

# 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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Jew in the City

A NJ Nonprofit Corporation

Employer identification number

OMB No. 1545-0047

47-1404218

## Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is emailed to all board memeber for proofing and approval, prior to being e-filed.

## Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

P&Ls are reviewed by the Board every quarter. In an annual, comprehensive meeting, the Executive Director, Director or Operations, and Board members review the end of year financials and discuss any changes or happenings related to the Organization's mission, costs and future goals. Through regular meetings and correspondence, the Board members are able to review the effectiveness of the Organization's key employees and approve any changes to compensation and overall strategy.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

### Form 990, Part IX, Line 11g Other Fees For Services

		(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
Consulting Fees Outside Services	Total \$	24,200. 62,973. 87,173.	24,200. 44,081. \$ 68,281.	6,297. \$ 6,297.	12,595. \$ 12,595.