

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public
InspectionDepartment 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.

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COUNCIL OF PEOPLES ORGANIZATION, INC		D Employer identification number 75-3046891
	Doing business as		E Telephone number (718) 434-3266
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1081 CONEY ISLAND AVE		G Gross receipts \$ 4,432,183
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11230		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
	F Name and address of principal officer: MOHAMMAD RAZVI SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.COPO.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2002	M State of legal domicile: NY

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ORGANIZATIONS MOST SIGNIFICANT ACTIVITY IS TO ASSIST LOW INCOME IMMIGRANT FAMILIES, PARTICULARLY SOUTH ASIANS AND MUSLIMS, TO REACH THEIR FULL POTENTIAL AS RESIDENTS OF NYC.COPO EMPOWERS MARGINALIZED COMMUNITIES TO ADVOCATE FOR THEIR RIGHTS & UNDERSTANDING THEIR RESPONSIBILITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	73
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,078,847	Current Year 4,414,183
	9 Program service revenue (Part VIII, line 2g)		18,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,800	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,098,647	4,432,183
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,093	863
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	383,821	325,112
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,651,471	1,914,723
	16a Professional fundraising fees (Part IX, column (A), line 11e)	26,400	24,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	24,000	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	743,079	777,492
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,824,864	3,042,190
	19 Revenue less expenses. Subtract line 18 from line 12	273,783	1,389,993
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,558,738	End of Year 2,877,890
	21 Total liabilities (Part X, line 26)	968,283	897,442
	22 Net assets or fund balances. Subtract line 21 from line 20	590,455	1,980,448

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	IBRAHIM OLEVIC Signature of officer	Date 11-14-22	
	IBRAHIM OLEVIC, PRESIDENT Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Luigi LaVerghetta	Preparer's signature Luigi LaVerghetta	Date 11-14-2022
	Firm's name ▶ Luigi LaVerghetta CPA PC	Firm's EIN ▶ P01934358	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 75 South Broadway -Suite 434 White Plains NY 10601	Phone no. 914-874-3409	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		