Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

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

C Name of organization: COUNCIL OF PEOPLES ORGANIZATION, INC
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 1081 CONEY ISLAND AVE
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: BROOKLYN, NY 11230

D Employer identification number: 75-3046891

E Telephone number: (718)434-3266

G Gross receipts: $ 12,536,729

F Name and address of principal officer: MOHAMMAD RAZVI
SAME AS C ABOVE

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

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

H(c) Group exemption number

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

J Website: WWW.COPO.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 ☐ 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 2022 (Part V, line 2a)	5	89
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,414,183	12,518,729
9	Program service revenue (Part VIII, line 2g)	18,000	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)		0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,432,183	12,536,729

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	863	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	325,112	486,651
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,914,723	2,269,270
16a	Professional fundraising fees (Part IX, column (A), line 11e)	24,000	28,300
b	Total fundraising expenses (Part IX, column (D), line 25) 28,300		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	777,492	1,305,526
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,042,190	4,089,747
19	Revenue less expenses. Subtract line 18 from line 12	1,389,993	8,446,982

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,877,890	14,425,490
21	Total liabilities (Part X, line 26)	897,442	3,998,060
22	Net assets or fund balances. Subtract line 21 from line 20	1,980,448	10,427,430

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

IBRAHIM OLEVIC, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Luigi LaVerghetta	Luigi LaVerghetta	11-15-2023		P01934358

Firm's name: Luigi LaVerghetta CPA PC
Firm's EIN:
Firm's address: 9 North Goodwin- Suite 2, ELMSFORD NY 10523
Phone no.: 914-380-6460

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

EEA