

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

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, 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	<table><tr><td>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) Room/suite 1081 CONEY ISLAND AVE City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11230</td><td>D Employer identification number 75-3046891 E Telephone number (718) 434-3266 G Gross receipts \$ 5,779,309</td></tr><tr><td>F Name and address of principal officer: MOHAMMAD RAZVI SAME AS C ABOVE</td><td>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</td></tr></table>	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) Room/suite 1081 CONEY ISLAND AVE 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 \$ 5,779,309	F Name and address of principal officer: MOHAMMAD RAZVI SAME AS C ABOVE	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
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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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	75
	6 Total number of volunteers (estimate if necessary)	6	
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year 12,518,729	Current Year 5,663,248
	9 Program service revenue (Part VIII, line 2g)	18,000	10,500
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		105,561
	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)	12,536,729	5,779,309
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	486,651	447,092
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,269,270	2,441,135
	16a Professional fundraising fees (Part IX, column (A), line 11e)	28,300	25,950
	b Total fundraising expenses (Part IX, column (D), line 25)	25,950	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,305,526	1,625,395
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,089,747	4,539,572
	19 Revenue less expenses. Subtract line 18 from line 12	8,446,982	1,239,737
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,425,490	End of Year 13,136,432
	21 Total liabilities (Part X, line 26)	3,998,060	1,469,265
	22 Net assets or fund balances. Subtract line 21 from line 20	10,427,430	11,667,167

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 Luigi LaVerghetta	Preparer's signature Luigi LaVerghetta	Date 11-18-2024	Check <input type="checkbox"/> if self-employed	PTIN 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** (2023)