

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

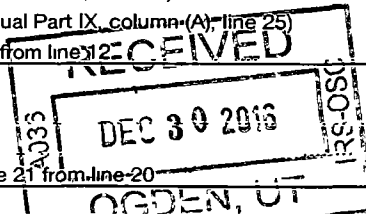
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY Doing Business As		D Employer identification number 13-2738818
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 BROADWAY, 7TH FLOOR	E Telephone number 212-453-9500	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10271		G Gross receipts \$ 41,698,711.
	F Name and address of principal officer ALAN SCHOOR 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
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.METCOUNCIL.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: 1972
M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities METROPOLITAN NY COORDINATING COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION WHICH SERVES AS A PRIMARY			
	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)	27	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	27	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	375	
	6	Total number of volunteers (estimate if necessary)	1500	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 38,280,080. Current Year: 32,072,296.	
	9	Program service revenue (Part VIII, line 2g)	4,660,272. 1,907,422.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,963. 263,810.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	978,435. 4,259,147.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,924,750. 38,502,675.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,045,678. 7,513,982.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,991,933. 14,162,437.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		16b	Total fundraising expenses (Part IX, column (D), line 25) 1,199,507.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,823,318. 16,717,216.		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	37,860,929. 38,393,635.		
19	Revenue less expenses. Subtract line 18 from line 12	6,063,821. 109,040.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 41,287,926. End of Year: 63,853,274.	
	21	Total liabilities (Part X, line 26)	14,714,796. 32,489,702.	
	22	Net assets or fund balances. Subtract line 21 from line 20	26,573,130. 31,363,572.	



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	Signature of officer	<i>Alan Schoor</i>	Date	12/21/16
	ALAN SCHOOR, EXECUTIVE DIRECTOR/CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed PTIN
	THOMAS LANNING	<i>Thomas Lanning</i>	12-21-16	P00851654
	Firm's name	Firm's EIN	22-1478099	
Firm's address		Phone no. 212-297-0400		
1301 AVENUE OF THE AMERICAS				
NEW YORK, NY 10019				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JAN 11 2017

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COUNCIL ON JEWISH POVERTY

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

METROPOLITAN NY COORDINATING COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION WHICH SERVES AS A PRIMARY ADVOCATE FOR THE SOCIAL WELFARE NEEDS OF THE POOR, NEAR-POOR AND ELDERLY IN THE METROPOLITAN NEW YORK AREA. THE ENTITY IS DEDICATED TO THE ALLEVIATION OF SOCIAL, ECONOMIC, HOUSING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 11,134,346. including grants of \$ 1,905,413.) (Revenue \$ 1,786,394.)

CRISIS INTERVENTION AND FAMILY VIOLENCE SERVICES

MET COUNCIL SERVED OVER 3,869 INDIVIDUALS FACING A RANGE OF CRISES SUCH AS UNEMPLOYMENT, EVICTION, UTILITY TURNOFFS AND MEDICAL EMERGENCIES. CRISIS INTERVENTION STAFF PROVIDED APPROXIMATELY \$5 MILLION IN EMERGENCY FINANCIAL ASSISTANCE AS WELL AS HELPING CLIENTS TO ACCESS PUBLIC BENEFITS AND OTHER SERVICES. DUE TO SUPER STORM SANDY MET COUNCIL HAD A SHARP INCREASE IN BOTH CLIENTS SERVED AND FINANCIAL ASSISTANCE DESSEMINATED.

4b (Code _____) (Expenses \$ 6,952,733. including grants of \$ 5,392,948.) (Revenue \$ 964,716.)

FOOD

MET COUNCILS FOOD PROGRAM PROVIDED MONTHLY FOOD PACKAGES TO APPROXIMATELY 15,000 LOW-INCOME HOUSEHOLDS THROUGHOUT THE FIVE BOROUGHES THROUGH A NETWORK OF 32 COMMUNITY-BASED AGENCIES. MET COUNCIL ALSO PROVIDED SPECIAL HOLIDAY FOOD TO ABOUT 52,000 HOUSEHOLDS DURING PASSOVER AND OTHER JEWISH HOLIDAYS. IN TOTAL, A RECORD 4.2 MILLION POUNDS OF FOOD WAS DISTRIBUTED TO FAMILIES AND INDIVIDUALS DURING THE YEAR.

4c (Code _____) (Expenses \$ 6,563,811. including grants of \$ 215,621.) (Revenue \$ 2,818,174.)

HOUSING

MET COUNCIL AND ITS AFFILIATED HOUSING COMPANIES PROVIDE HOUSING FOR SPECIAL NEEDS POPULATIONS: LOW INCOME ELDERLY, HOMELESS AND MENTALLY ILL INDIVIDUALS IN THE CITY OF NEW YORK. THESE PROGRAMS AND ENTITIES ARE PRIMARILY FUNDED BY GOVERNMENT PROGRAMS. THE ENTITIES PROVIDE APPROXIMATELY 1,100 UNITS OF HOUSING.

4d Other program services (Describe in Schedule O)

(Expenses \$ 3,130,539. including grants of \$ _____) (Revenue \$ 434,373.)

4e Total program service expenses 27,781,429.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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 "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>	X	
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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entry or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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. 96		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 375		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	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		
a	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?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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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 in 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

		Yes	No
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 in Schedule O.		
1a	27		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	27		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	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 in Schedule O.		X
9			X

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?		X
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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15a			
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, NJ, CT, CA, IL, MA, OH, PA, NC, FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
MATTHEW LOCURTO, CFO - 212-453-9500
120 BROADWAY, 7TH FLOOR, NEW YORK, NY 10271

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COUNCIL ON JEWISH POVERTY

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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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ABRAHAM BIDERMAN BOARD MEMBER	2.00 2.00	X						0.	0.	0.
(2) ARAN RON, M.D. BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(3) BENJAMIN LOPATA, ESQ. TREASURER	2.00 5.00	X		X				0.	0.	0.
(4) BENJAMIN TISCH BOARD MEMBER	2.00	X						0.	0.	0.
(5) DAVID A. HANDLER BOARD MEMBER	2.00	X						0.	0.	0.
(6) FELIKS FRENKEL BOARD MEMBER	2.00	X						0.	0.	0.
(7) GERALD FELDHAMER BOARD MEMBER	2.00	X						0.	0.	0.
(8) ISRAEL ENGLANDER VICE PRESIDENT	2.00	X		X				0.	0.	0.
(9) JEFFREY BOGATIN BOARD MEMBER	2.00	X						0.	0.	0.
(10) JOEL S. BECKMAN BOARD MEMBER	2.00	X						0.	0.	0.
(11) JOSEPH C. SHENKER, ESQ. CO-CHAIR	2.00	X		X				0.	0.	0.
(12) JOSEPH S. ALLERHAND, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(13) JUDY WESALO TEMEL BOARD MEMBER	2.00	X						0.	0.	0.
(14) LAWRENCE J. COHEN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(15) LINDA SPITZER SECRETARY	2.00 4.00	X		X				0.	0.	0.
(16) MENACHEM LUBINSKY BOARD MEMBER	2.00 5.00	X						0.	0.	0.
(17) MERRYL H. TISCH CO-CHAIR	2.00	X		X				0.	0.	0.

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COUNCIL ON JEWISH POVERTY**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) OLESSIA KANTOR BOARD MEMBER	2.00	X						0.	0.	0.
(19) RAANAN A. AGUS BOARD MEMBER	2.00	X						0.	0.	0.
(20) RABBI HASKEL LOOKSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(21) RICHARD B. STONE, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(22) RICHARD N. RUNES ESQ OUTGOING BOARD MEMBER	2.00	X						0.	0.	0.
(23) ROBERT GOODMAN VICE PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(24) SCOTT M. WEINER BOARD MEMBER	2.00	X						0.	0.	0.
(25) SHONNI J. SILVERBERG, M.D. VICE PRESIDENT	2.00	X		X				0.	0.	0.
(26) STACY B. SCHEINBERG BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,784,110.	0.	255,307.
d Total (add lines 1b and 1c)								1,784,110.	0.	255,307.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PARK & JENSEN LLP, 40 WALL STREET, 41ST FLOOR, NEW YORK, NY 10005	LEGAL SERVICES	266,452.
DELOITTE FINANCIAL ADVISORY SERVICES LLP 633 BROADWAY, NEW YORK, NY 10019	FORENSIC ACCOUNTING	250,000.
RLM FINSBURY, LLC 3 COLUMBUS CIRCLE, NEW YORK, NY 10019	PUBLIC RELATIONS	190,915.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEVEN PRICE PRESIDENT	2.00	X		X				0.	0.	0.
(28) SUSAN FRIEDEN BOARD MEMBER	2.00 1.00	X						0.	0.	0.
(29) DAVID FRANKEL CEO/EXECUTIVE DIRECTOR	20.00 23.00			X				108,686.	0.	133.
(30) ILENE MARCUS CHIEF OF STAFF	35.00			X				218,020.	0.	26,019.
(31) MELVIN ZACHTER CHIEF FINANCIAL OFFICER	20.00 23.00			X				310,751.	0.	4,008.
(32) PETER BREST CHIEF OPERATING OFFICER	20.00 18.00			X				187,368.	0.	51,976.
(33) WILLIAM RAPFOGEL FORMER CEO	15.00 20.00			X				244,209.	0.	13,490.
(34) GARY GUTTERMAN DIRECTOR OF HOUSING	35.00 1.00					X		147,382.	0.	55,018.
(35) LINDA SCALLETAR DEVELOPMENT DIRECTOR	35.00					X		191,180.	0.	9,437.
(36) SAM BERLIN BUDGET DIRECTOR	35.00					X		143,402.	0.	41,190.
(37) SEEROJNEE HENRY DIRECTOR OF FINANCE, HOUSING	35.00					X		128,837.	0.	5,489.
(38) STEVEN ATLER DIRECTOR IT	35.00					X		104,275.	0.	48,547.
Total to Part VII, Section A, line 1c								1,784,110.		255,307.

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 229,995.				
	b Membership dues	1b				
	c Fundraising events	1c 270,298.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 9,053,830.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 22,518,173.				
	g Noncash contributions included in lines 1a-1f \$	4,042,367.				
	h Total. Add lines 1a-1f		32,072,296.			
	Program Service Revenue	2 a MANAGEMENT FEES	Business Code 900099	1,047,236.	1,047,236.	
b ADMINISTRATIVE FEES		900099	540,111.	540,111.		
c RENTAL INCOME		900099	290,075.	290,075.		
d DEVELOPMENT FEES		900099	30,000.	30,000.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,907,422.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		202,723.		202,723.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		61,087.		61,087.	
	8 a Gross income from fundraising events (not including \$ 270,298. of contributions reported on line 1c). See Part IV, line 18	a	32,760.			
		b Less direct expenses	b 51,133.			
		c Net income or (loss) from fundraising events		<18,373.>		<18,373.>
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a INVESTIGATION RECOVERIES			3,854,771.	3,854,771.		
	b REBATES AND REFUNDS		222,025.	222,025.		
	c ANTENNA INCOME		175,394.		175,394.	
	d All other revenue		25,330.	19,439.	5,891.	
	e Total. Add lines 11a-11d		4,277,520.			
12 Total revenue. See instructions.		38,502,675.	6,003,657.	0.	426,722.	

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**METROPOLITAN NEW YORK COORDINATING
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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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	7,496,482.	7,496,482.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	17,500.	17,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,008,652.	731,969.	226,810.	49,873.
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	10,137,343.	7,343,970.	2,295,522.	497,851.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	236,734.	177,814.	45,592.	13,328.
9 Other employee benefits	1,547,676.	1,162,482.	298,064.	87,130.
10 Payroll taxes	1,232,032.	925,396.	237,275.	69,361.
11 Fees for services (non-employees)				
a Management				
b Legal	1,763,192.		1,763,192.	
c Accounting	797,761.		797,761.	
d Lobbying	126,210.		126,210.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,861,069.	1,239,825.	586,596.	34,648.
12 Advertising and promotion	135,191.	126,465.	6,681.	2,045.
13 Office expenses	1,041,694.	665,438.	191,883.	184,373.
14 Information technology				
15 Royalties				
16 Occupancy	4,603,094.	3,828,804.	665,353.	108,937.
17 Travel	183,344.	147,045.	35,797.	502.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	204,534.		204,534.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	840,105.	356,627.	462,740.	20,738.
23 Insurance	360,480.	245,640.	99,506.	15,334.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PAYBACK TO NYS	1,134,600.		1,134,600.	
b BAD DEBT EXPENSE	1,067,235.	1,066,478.	757.	
c FOOD	831,189.	831,189.		
d ADMINISTRATIVE FEE	690,767.	690,767.		
e All other expenses	1,076,751.	727,538.	233,826.	115,387.
25 Total functional expenses. Add lines 1 through 24e	38,393,635.	27,781,429.	9,412,699.	1,199,507.
26 Joint costs. 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)

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	668,523.	1		
	2 Savings and temporary cash investments	3,820,722.	2	7,342,509.	
	3 Pledges and grants receivable, net	6,433,971.	3	5,887,960.	
	4 Accounts receivable, net	2,199,254.	4	4,005,537.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	6,539,514.	7	26,649,085.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	329,896.	9	329,840.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	13,128,317.			
	b Less accumulated depreciation	6,305,737.	7,568,331.	10c	6,822,580.
	11 Investments - publicly traded securities	3,378,583.	11		
	12 Investments - other securities. See Part IV line 11		12		
	13 Investments - program-related. See Part IV, line 11	7,085,112.	13	7,031,634.	
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	3,264,020.	15	5,784,129.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,287,926.	16	63,853,274.		
Liabilities	17 Accounts payable and accrued expenses	5,548,087.	17	5,198,672.	
	18 Grants payable		18		
	19 Deferred revenue	146,181.	19	872,375.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	4,984,716.	23	26,101,325.	
	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	4,035,812.	25	317,330.	
	26 Total liabilities. Add lines 17 through 25	14,714,796.	26	32,489,702.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	25,662,842.	27	29,754,075.	
	28 Temporarily restricted net assets	910,288.	28	1,609,497.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or caprtal surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	26,573,130.	33	31,363,572.		
34 Total liabilities and net assets/fund balances	41,287,926.	34	63,853,274.		

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**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

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Part 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	38,502,675.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,393,635.
3	Revenue less expenses. Subtract line 2 from line 1	3	109,040.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,573,130.
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	4,681,402.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,363,572.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization **METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY** Employer identification number **13-2738818**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

METROPOLITAN NEW YORK COORDINATING

Schedule A (Form 990 or 990-EZ) 2013 COUNCIL ON JEWISH POVERTY

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31206073.	24411807.	24067624.	38280080.	32072296.	150037880
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	31206073.	24411807.	24067624.	38280080.	32072296.	150037880
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 Public support. Subtract line 5 from line 4						150037880

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	31206073.	24411807.	24067624.	38280080.	32072296.	150037880
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,087.	29,825.	9,499.	5,963.	202,723.	263,097.
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 IV.)	755,412.	8122590.	967,614.	1225179.	4310280.	15381075.
11 Total support. Add lines 7 through 10						165682052
12 Gross receipts from related activities, etc (see instructions)					12	11,404,848.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	90.56	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	92.70	%

- 16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support test - 2012.** 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 **stop here.** The organization qualifies as a publicly supported organization
- 17a **10% -facts-and-circumstances test - 2013.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b **10% -facts-and-circumstances test - 2012.** 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 "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

METROPOLITAN NEW YORK COORDINATING

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
6 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

METROPOLITAN NEW YORK COORDINATING

Part IV Supplemental information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2009 AMOUNT: \$ 660,155.

2010 AMOUNT: \$ 8,122,590.

2011 AMOUNT: \$ 919,739.

2012 AMOUNT: \$ 978,435.

2013 AMOUNT: \$ 25,330.

FUNDRAISING REVENUE

2009 AMOUNT: \$ 95,257.

2011 AMOUNT: \$ 47,875.

2012 AMOUNT: \$ 246,744.

2013 AMOUNT: \$ 32,760.

RESTITUTION

2013 AMOUNT: \$ 3,854,771.

REBATES AND REFUNDS

2013 AMOUNT: \$ 222,025.

ANTENNA INCOME

2013 AMOUNT: \$ 175,394.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Employer identification number 13-2738818
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
 Yes No
- 4a Was a correction made?
 Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013
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METROPOLITAN NEW YORK COORDINATING

Schedule C (Form 990 or 990-EZ) 2013

COUNCIL ON JEWISH POVERTY

13-2738818 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
1b Total lobbying expenditures to influence a legislative body (direct lobbying)														
1c Total lobbying expenditures (add lines 1a and 1b)														
1d Other exempt purpose expenditures														
1e Total exempt purpose expenditures (add lines 1c and 1d)														
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
2b Lobbying ceiling amount (150% of line 2a, column(e))					
2c Total lobbying expenditures					
2d Grassroots nontaxable amount					
2e Grassroots ceiling amount (150% of line 2d, column (e))					
2f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

METROPOLITAN NEW YORK COORDINATING

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		126,807.
j Total Add lines 1c through 1i			126,807.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

\$597 WAS PAID TO MET COUNCIL EMPLOYEES WHO SOUGHT FUNDING FROM NEW YORK CITY COUNCIL AND OTHER CITY AND STATE ENTITIES.

KASIRER CONSULTING, LLC, WAS PAID \$45,000 TO LOBBY ON THE ORGANIZATION'S BEHALF.

METROPOLITAN NEW YORK COORDINATING

Part IV Supplemental Information (continued)

SCHNUR ASSOCIATES, INC WAS PAID \$15,064 TO LOBBY ON THE ORGANIZATION'S BEHALF.

JAMES F. CAPALINO ASSOCIATES, INC., WAS PAID \$28,250 TO LOBBY ON THE ORGANIZATION'S BEHALF.

DAN KLORES COMMUNICATIONS, LLC, WAS PAID \$37,896 TO LOBBY ON THE ORGANIZATION'S BEHALF.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013
Open to Public Inspection

Name of the organization **METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY** Employer identification number **13-2738818**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Schedule D (Form 990) 2013

13-2738818 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,196,908.	8,539,125.	8,697,207.		
b Contributions				8,697,207.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	350,003.	342,217.	158,082.		
f Administrative expenses					
g End of year balance	7,846,905.	8,196,908.	8,539,125.	8,697,207.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100.00 %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		925,000.		925,000.
b Buildings		6,869,997.	4,102,814.	2,767,183.
c Leasehold improvements		1,753,133.	569,528.	1,183,605.
d Equipment		2,378,135.	1,500,756.	877,379.
e Other		1,202,052.	132,639.	1,069,413.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,822,580.

Schedule D (Form 990) 2013

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Schedule D (Form 990) 2013

13-2738818 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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-of-year market value
(1) PROGRAM RELATED		
(2) INVESTMENTS	7,031,634.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	7,031,634.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	2,065,566.
(2) SECURITY DEPOSITS	138,307.
(3) RESTRICTED DEPOSITS	3,364,714.
(4) INTEREST RECEIVABLE	215,542.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,784,129.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GOVERNEMENT ADVANCES PAYABLE	253,617.
(3) DUE TO RELATED PARTIES	63,713.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	317,330.

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

METROPOLITAN NEW YORK COORDINATING

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	112,269,971.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	710,383.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	73,056,913.	
e	Add lines 2a through 2d	2e	73,767,296.	
3	Subtract line 2e from line 1	3	38,502,675.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	38,502,675.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	119,258,495.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	710,383.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	80,175,352.	
e	Add lines 2a through 2d	2e	80,885,735.	
3	Subtract line 2e from line 1	3	38,372,760.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	20,875.	
c	Add lines 4a and 4b	4c	20,875.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	38,393,635.	

Part XIII Supplemental Information.

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.

PART V, LINE 4:

MET COUNCIL BOARD RESTRICTED NET ASSETS FROM THE SALE OF ITS MEMBERSHIP INTEREST IN SENIOR HEALTH PARTNERS IN THE TOTAL AMOUNT OF \$8,697,207 THAT WAS BROKEN UP INTO TWO CATEGORIES: (I) A BOARD DESIGNATED FUND OF \$6,450,000 OF WHICH MET COUNCIL HAS COLLATERALIZED \$2,000,000 IN ORDER FOR THE PROJECT TO OBTAIN A LETTER OF CREDIT FOR THE SEAVIEW SENIOR LIVING HDFC PROJECT, AND, (II) THE BALANCE TO BE MAINTAINED IN CASH AND OTHER ASSETS. IN ADDITION, \$1,746,908 WAS SET UP FOR FUTURE PROGRAMS. SINCE THAT AMOUNT RESULTED FROM AN INTERNAL DESIGNATION AND IS NOT DONOR-RESTRICTED, IT IS CLASSIFIED AS UNRESTRICTED NET ASSETS.

PART X, LINE 2:

METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Schedule D (Form 990) 2013

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Part XIII Supplemental Information (continued)

MET COUNCIL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN
TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL
BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL
MERITS OF THE POSITION. TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF MET
COUNCIL, AMONG OTHERS. THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED OR
RECORDED AS LIABILITIES FOR THE YEAR 2014.

THE ORGANIZATION FILES ANNUAL FORM 990S, RETURN OF ORGANIZATION EXEMPT
FROM INCOME TAX, WITH THE INTERNAL REVENUE SERVICE (THE "IRS"), ANNUALLY.
AT JUNE 30, 2014, MET COUNCIL'S FORM 990S FOR THE YEARS ENDED 2012 THROUGH
2014 REMAIN ELIGIBLE FOR EXAMINATION BY THE IRS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

<u>AFFILIATED HOME CARE ENTITIES REVENUE</u>	<u>64,368,770.</u>
<u>AFFILIATED NOT FOR PROFIT HOUSING ENTITIES REVENUE</u>	<u>8,703,950.</u>
<u>AFFILIATED LP HOUSING ENTITIES REVENUE</u>	<u>791,978.</u>
<u>INTERCOMPANY ELIMINATIONS</u>	<u>-786,910.</u>
<u>INDIRECT FUNDRAISING EXPENSES</u>	<u>-20,875.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 2D</u>	<u>73,056,913.</u>

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<u>AFFILIATED HOME CARE ENTITIES EXPENSES</u>	<u>67,699,868.</u>
<u>AFFILIATED NOT FOR PROFIT HOUSING ENTITIES EXPENSES</u>	<u>12,640,632.</u>
<u>AFFILIATED LP HOUSING ENTITIES EXPENSES</u>	<u>1,175,240.</u>
<u>INTERCOMPANY ELIMINATIONS</u>	<u>-1,340,388.</u>
<u>TOTAL TO SCHEDULE D, PART XII, LINE 2D</u>	<u>80,175,352.</u>

PART XII, LINE 4B - OTHER ADJUSTMENTS:

332055
09-25-13

Schedule D (Form 990) 2013

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Employer identification number

13-2738818

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM ACTIVITIES	PROGRAM ACTIVITIES	17,000.
3 a Sub-total	0	0			17,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			17,000.

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

Schedule F (Form 990) 2013

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

13-2738818

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CASH ASSISTANCE FOR INDIVIDUALS FOR CRISIS INTERVENTION	NORTH AMERICA	1	500.	WIRE	0.		CASH
CASH ASSISTANCE FOR INDIVIDUALS FOR CRISIS INTERVENTION	MIDDLE EAST AND NORTH AFRICA	1	17,000.	WIRE	0.		CASH

METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Schedule F (Form 990) 2013

13-2738818 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) Yes No

Schedule F (Form 990) 2013

METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Schedule F (Form 990) 2013

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

CLIENTS MUST COMPLETE AND SIGN AN APPLICATION TO RECEIVE
FINANCIAL ASSISTANCE. CLIENT MUST PRODUCE NECESSARY DOCUMENTATION (OR
COPIES) TO SUPPORT THE APPLICATION FOR FINANCIAL ASSISTANCE, INCLUDING
BUT NOT LIMITED TO PHOTO ID, PROOF OF RESIDENCY, SOCIAL SECURITY CARD
AND OUTSTANDING BILLS OR INVOICES. FINANCIAL ASSISTANCE REQUESTS ARE
ALWAYS PAID TO THE VENDOR. MET COUNCIL PROGRAM STAFF MAKES FINAL
DECISIONS ABOUT ELIGIBILITY FOR MET COUNCIL FINANCIAL ASSISTANCE.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013
Open To Public
Inspection

Name of the organization **METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY** Employer identification number **13-2738818**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

METROPOLITAN NEW YORK COORDINATING

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FOOD FOR LIFE (event type)	LADIES DAY OUT (event type)	NONE (total number)	
Revenue	1	Gross receipts	266,709.	36,349.	303,058.
	2	Less Contributions	240,109.	30,189.	270,298.
	3	Gross income (line 1 minus line 2)	26,600.	6,160.	32,760.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	33,510.		33,510.
	7	Food and beverages	3,070.	6,634.	9,704.
	8	Entertainment	5,897.	2,022.	7,919.
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			51,133.
	11	Net income summary. Subtract line 10 from line 3, column (d)			<18,373.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

METROPOLITAN NEW YORK COORDINATING

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in
 a The organization's facility %
 b An outside facility %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
 Name ► _____
 Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
 b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
 c If "Yes," enter name and address of the third party:

Name ► _____
 Address ► _____

16 Gaming manager information
 Name ► _____
 Gaming manager compensation ► \$ _____
 Description of services provided ► _____
 Director/officer Employee Independent contractor

17 Mandatory distributions:
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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Inspection

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Employer identification number
13-2738818

Name of the organization **METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash 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 ▶

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

13-2738818 Page 2

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENT AND UTILITIES ASSISTANCE PAYMENTS	1440	2,103,534.	0.		
PASSOVER MEALS	2794	0.	521,273.	FAIRMARKET VALUE	AMERICAN EXPRESS GIFT CARDS FOR PASSOVER MEALS.
FOOD DISTRIBUTION	959912	0.	4,871,675.	CASH VALUE	FOOD GIVEN TO INDIVIDUALS IN NEED.

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:

FOR ALL RENT AND UTILITIES ASSISTANCE PAYMENTS CLIENTS MUST COMPLETE AND SIGN AN APPLICATION TO RECEIVE FINANCIAL ASSISTANCE. CLIENT MUST PRODUCE NECESSARY DOCUMENTATION (OR COPIES) TO SUPPORT THE APPLICATION FOR FINANCIAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO PHOTO ID, PROOF OF RESIDENCY, SOCIAL SECURITY CARD AND OUTSTANDING BILLS OR INVOICES. FINANCIAL ASSISTANCE REQUESTS ARE ALWAYS PAID TO THE VENDOR. MET COUNCIL PROGRAM STAFF MAKES FINAL DECISIONS ABOUT ELIGIBILITY FOR MET COUNCIL FINANCIAL ASSISTANCE.

METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

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Schedule I (Form 990)

Part IV Supplemental Information

THE PASSOVER MEAL GIFT CARDS ARE ONLY REDEEMABLE AT CERTAIN RETAILORS THAT
WILL ONLY REDEEM THEM FOR THE INTENDED PRODUCTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Employer identification number

13-2738818

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY

13-2738818

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ILENE MARCUS CHIEF OF STAFF	(i)	213,148.	0.	4,872.	6,571.	19,448.	244,039.
	(ii)	0.	0.	0.	0.	0.	0.
(2) MELVIN ZACHTER CHIEF FINANCIAL OFFICER	(i)	293,000.	0.	17,751.	1,362.	2,646.	314,759.
	(ii)	0.	0.	0.	0.	0.	0.
(3) PETER BREST CHIEF OPERATING OFFICER	(i)	186,576.	0.	792.	8,923.	43,053.	239,344.
	(ii)	0.	0.	0.	0.	0.	0.
(4) WILLIAM RAPFOGEL FORMER CEO	(i)	230,273.	0.	13,936.	10,859.	2,631.	257,699.
	(ii)	0.	0.	0.	0.	0.	0.
(5) GARY GUTTERMAN DIRECTOR OF HOUSING	(i)	145,623.	0.	1,759.	4,740.	50,278.	202,400.
	(ii)	0.	0.	0.	0.	0.	0.
(6) LINDA SCALLETAR DEVELOPMENT DIRECTOR	(i)	190,664.	0.	516.	5,805.	3,632.	200,617.
	(ii)	0.	0.	0.	0.	0.	0.
(7) SAM BERLIN BUDGET DIRECTOR	(i)	125,044.	0.	18,358.	3,843.	37,347.	184,592.
	(ii)	0.	0.	0.	0.	0.	0.
(8) STEVEN ATLER DIRECTOR IT	(i)	104,117.	0.	158.	3,428.	45,119.	152,822.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Schedule J (Form 990) 2013
Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART II COLUMN B(III):

THE AMOUNTS FOR ILENE MARCUS, WILLIAM RAFFOGEL, MELVIN

ZACHTER, GARY GUTTERMAN, AND SAM BERLIN INCLUDE AN AUTO ALLOWANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY** Employer identification number **13-2738818**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	11	4,042,367.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2013)

METROPOLITAN NEW YORK COORDINATING

Schedule M (Form 990) (2013)

COUNCIL ON JEWISH POVERTY

13-2738818

Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Employer identification number
13-2738818

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CAREER SERVICES:

**THE CAREER SERVICES DEPARTMENT PROVIDED SERVICES TO OVER 500 HUNDRED
INDIVIDUALS SEEKING ASSISTANCE WITH CAREER COUNSELING, TRAINING AND JOB
PLACEMENT, AND BEGAN A NEW TRAINING PROGRAM IN THE EMERGING FIELD OF
ELECTRONIC HEALTH RECORDS DATA MANAGEMENT. THE DEPARTMENT ALSO PROVIDES
HANDYMAN/HOME REPAIR TRAINING.**

EXPENSES \$ 727,023. INCLUDING GRANTS OF \$ 0. REVENUE \$ 100,877.

HOME SERVICES

**MET COUNCILS HOME REPAIR PROGRAM, PROJECT METROPAIR, PROVIDED FREE HOME
REPAIRS TO ELDERLY INDIVIDUALS, WITH PARTICULAR FOCUS ON SAFETY AND
SECURITY ITEMS SUCH AS BATHROOM GRAB BARS AND WINDOW GATES.**

EXPENSES \$ 922,997. INCLUDING GRANTS OF \$ 0. REVENUE \$ 128,069.

HOME CARE

EXPENSES \$ 1,480,519. INCLUDING GRANTS OF \$ 0. REVENUE \$ 205,427.

FORM 990, PART VI, SECTION A, LINE 2:

**BENJAMIN TISCH, BOARD MEMBER, AND MERRYL TISCH, CO-CHAIR, HAVE
A FAMILY RELATIONSHIP.**

FORM 990, PART VI, SECTION B, LINE 11:

**FORM 990 IS PREPARED BY A CPA FIRM FROM AUDITED FINANCIAL
STATEMENTS AND TRIAL BALANCE AS WELL AS FROM INFORMATION THE ORGANIZATION
PROVIDES. THE CPA FIRM FURNISHES A DRAFT FORM 990 WHICH IS REVIEWED BY**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Employer identification number
13-2738818

MANAGEMENT. AFTER APPROVAL, AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO
THE FULL BOARD WITH AN OPPORTUNITY TO REVIEW AND COORDINATE ANY APPROPRIATE
CHANGES TO FORM 990 BEFORE IT IS FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS AND DIRECTORS COMPLETE CONFLICT OF INTEREST
DISCLOSURE FORMS ANNUALLY. NO PURCHASE IS ALLOWED FROM ANY BUSINESS
AFFILIATED WITH EMPLOYEES OR BOARD MEMBERS WITHOUT APPROPRIATE DISCLOSURE
AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF MET COUNCIL'S CHIEF EXECUTIVE OFFICER IS
SET BY THE BOARD COMPENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE
EXECUTIVE COMMITTEE, WHICH CONSIDERS THE COMPENSATION OF COMPARABLE
EXECUTIVES. COMPENSATION OF MET COUNCIL'S KEY STAFF AND SENIOR EXECUTIVES
IS SET BY THE CHIEF EXECUTIVE OFFICER, SUBJECT TO THE REVIEW AND APPROVAL
OF THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

AMENDED RETURN

THE 990 IS BEING AMENDED DUE TO FINAL FINANCIAL STATEMENTS
AND OTHER INFORMATION NOT BEING AVAILABLE AT THE TIME OF INITIAL FILING.

Name of the organization METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Employer identification number
13-2738818

FORM 990, PART VI, LINE 5:

THE FOLLOWING STARTED IN FY 13 AND WHILE IT WAS NOT
DISCOVERED DURING THE YEAR THE ORGANIZATION WANTED TO OUTLINE THE
ONGOING INVESTIGATION AND FALLOUT RESULTING FROM A DIVERSION OF ASSETS.

IN AUGUST OF 2013, THE BOARD OF DIRECTORS OF MET COUNCIL BECAME AWARE
OF EVIDENCE THAT THE THEN-CEO, A FORMER CEO, A FORMER CFO AND ITS THEN
INSURANCE BROKER HAD ENGAGED IN FINANCIAL MISCONDUCT INVOLVING MET
COUNCIL'S INSURANCE POLICIES. MET COUNCIL REPORTED THE INFORMATION TO
THE OFFICE OF THE NEW YORK ATTORNEY GENERAL ("NYAG"), WHICH INITIATED
AN INVESTIGATION WITH WHICH MET COUNCIL COOPERATED FULLY. THE NYAG
FILED CRIMINAL COMPLAINTS AGAINST ALL FOUR CO-CONSPIRATORS. THE NYAG
ESTIMATED THAT THE LOSS DUE TO THE CRIMINAL WRONG DOING WAS
APPROXIMATELY \$9 MILLION. ALL FOUR WERE CONVICTED AND SENTENCED TO TIME
IN JAIL AND TO PAY RESTITUTION.

FURTHER, IN DECEMBER 2013, MET COUNCIL ENTERED INTO AGREEMENTS WITH THE
NEW YORK CITY DEPARTMENT OF INVESTIGATIONS, THE MAYOR'S OFFICE OF
CONTRACT SERVICES, AND THE NYAG, AGREEING TO PAY A SETTLEMENT TOTALING
\$1,134,600 (\$600,000 TO THE CITY AND \$534,600 TO THE STATE), ADOPT
VARIOUS INTERNAL CONTROLS, STRENGTHEN GOVERNANCE AND COMPLY WITH A
THIRD PARTY MONITOR. THESE AGREEMENTS ALLOW MET COUNCIL TO BE RESTORED
TO ITS PRIOR STATUS AS A RESPONSIBLE CITY AND STATE VENDOR AND TO
CONTINUE PROVIDING ESSENTIAL SERVICES. IN ADDITION, MET COUNCIL
RESOLVED ANY OUTSTANDING LIABILITIES OWED TO HUD ARISING FROM THE
INVESTIGATION OF THE FOUR CO-CONSPIRATORS FOR A TOTAL OF \$118,000.

Name of the organization METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY	Employer identification number 13-2738818
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DURING THE YEAR ENDED JUNE 30, 2014, MET COUNCIL INCURRED EXPENSES RELATING TO THE INVESTIGATION OF \$4,887,570 AND RECOVERED \$4,565,154 THROUGH RESTITUTION PAYMENTS FROM THE CO-CONSPIRATORS. SUBSEQUENT TO JUNE 30, 2014, APPROXIMATELY \$400,000 WAS INCURRED RELATING TO THE INVESTIGATION.

THROUGH JULY 1, 2015, MET COUNCIL HAS OBTAINED \$7 MILLION IN RESTITUTION AND \$1.2 MILLION IN INSURANCE RECOVERIES. GOING FORWARD, MET COUNCIL CANNOT ESTIMATE WITH CERTAINTY HOW MUCH MONEY IT WILL RECOVER OR WHAT ITS TOTAL EXPECTED LOSS WILL BE WHEN THE MATTER IS FULLY RESOLVED.

FORM 990, PART VII:

THE BOARD PRESENTED IN PART VII IS THE BOARD OF THE ORGANIZATION DURING THE REPORTING YEAR. WHILE ALAN SCHOOR AND MATTHEW LOCURTO ARE LISTED ON THE RETURN IN PLACES, THEY ARE CONSIDERED TOP OFFICERS AT THE TIME OF FILING AND WERE NOT OFFICERS OF THE ORGANIZATION DURING THE FISCAL YEAR BEING REPORTED ON.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. See separate instructions.
 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service
 Name of the organization
METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
 Employer identification number
13-2738818

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
228 EAST 46TH STREET HOUSING DEVELOPMENT FUND CORPORATION - 26-1264479, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		X
231 EAST 77TH STREET HOUSING DEVELOPMENT FUND CORPORATION - 81-0659976, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		X
332 EAST 22ND STREET HOUSING DEVELOPMENT FUND CORPORATION - 26-0331924, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		X
334 EAST 92ND STREET HOUSING DEVELOPMENT FUND CORPORATION - 20-2550073, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS
 Schedule R (Form 990) 2013

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

13-2738818

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
351 EAST 61ST STREET HOUSING DEVELOPMENT FUND CORPORATION - 13-4041459, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
385 THIRD AVE HOUSING DEVELOPMENT FUND CORPORATION - 20-5164383, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
91 CARLTON AVE HOUSING DEVELOPMENT FUND CORPORATION - 20-3426250, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL MANAGEMENT COMPANY INC. - 13-3748361 120 BOARDWAY, 7TH FLOOR NEW YORK, NY 10271	TO PROVIDE MANAGEMENT SUPPORT FOR LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL TOWERS HOUSING DEVELOPMENT FUND CORPORATION - 13-3741272, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL TOWERS II HOUSING DEVELOPMENT FUND CORPORATION - 13-3751223, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL TOWERS III HOUSING DEVELOPMENT FUND CORPORATION - 13-3857947, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL TOWERS IV HOUSING DEVELOPMENT FUND CORPORATION - 13-3986958, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL TOWERS V HOUSING DEVELOPMENT FUND CORPORATION - 20-5686282, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL TOWERS VI HOUSING DEVELOPMENT FUND CORPORATION - 27-0631959, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
COUNCIL TOWERS VII HOUSING DEVELOPMENT FUND CORPORATION - 46-0541266, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	
EAST 54TH STREET HOUSING DEVELOPMENT FUND CORPORATION - 11-3689550, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH	X	

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Schedule R (Form 990)

13-2738818

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
JEWISH COMMUNITY COUNCIL SERVICE COMMISSION - 13-3089944, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	HOME ATTENDANT SERVICE TO HOMEBOUND WHO QUALIFY FOR MEDICAID	NEW YORK	501(C)(3)	LINE 7	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>
LEXINGTON HOUSING DEVELOPMENT FUND CORP - 02-0532315, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>
MET COUNCIL FUTURES IN INFORMATION TECHNOLOGY INC. - 13-4147128, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	EMPLOYMENT AND TRAINING	NEW YORK	501(C)(3)	LINE 7	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>
MET COUNCIL HOMECARE SERVICES - 06-1573179 120 BOARDWAY, 7TH FLOOR NEW YORK, NY 10271	PROVIDE HEALTHCARE TO THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>
PROJECT OHR - OFFICE FOR HOMECARE REFERRAL INC. - 11-2518432, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	HOME ATTENDANT CARE FOR THE ELDERLY AND INFIRM HOMEBOUND	NEW YORK	501(C)(3)	LINE 7	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>
SHORE FRONT COUNCIL HOUSING DEVELOPMENT FUND CORP - 13-3547688, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	SOCIAL WORK TO RESIDENTS OF LOW COST HOUSING	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>
SURF GATE HOUSING DEVELOPMENT FUND CORPORATION - 13-3705897, 120 BOARDWAY, 7TH FLOOR, NEW YORK, NY 10271	SOCIAL WORK TO RESIDENTS OF LOW COST HOUSING	NEW YORK	501(C)(3)	PF	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>
141 EAST 23RD STREET HDPC INC - 13-4041455 120 BOARDWAY, 7TH FLOOR NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NEW YORK	501(C)(3)	LINE 9	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH		<input checked="" type="checkbox"/>

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COUNCIL TOWERS VI LP - 27-1111603, 120 BROADWAY, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NY	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
COUNCIL TOWERS VII LP - 45-4830456, 120 BROADWAY, NEW YORK, NY 10271	LOW INCOME HOUSING FOR THE ELDERLY	NY	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COUNCIL TOWERS VI GP CORP - 27-1111739 120 BROADWAY NEW YORK, NY 10271	HOUSING DEVELOPMENT	NY	N/A	C CORP	N/A	N/A	N/A		X
COUNCIL TOWERS VII GP CORP - 45-4877635 120 BROADWAY NEW YORK, NY 10271	HOUSING DEVELOPMENT	NY	N/A	C CORP	N/A	N/A	N/A		X

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p		X
1q	X	
1r		X
1s		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY**

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) <small>Are all partners sec 501(c)(3) orgs?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

228 EAST 46TH STREET HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

231 EAST 77TH STREET HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

332 EAST 22ND STREET HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

334 EAST 92ND STREET HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

351 EAST 61ST STREET HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

385 THIRD AVE HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

91 CARLTON AVE HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

COUNCIL MANAGEMENT COMPANY INC.

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

COUNCIL TOWERS HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

COUNCIL TOWERS II HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

COUNCIL TOWERS III HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

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Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

NAME OF RELATED ORGANIZATION:

COUNCIL TOWERS IV HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

COUNCIL TOWERS V HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

COUNCIL TOWERS VI HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

COUNCIL TOWERS VII HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

EAST 54TH STREET HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

JEWISH COMMUNITY COUNCIL SERVICE COMMISSION

METROPOLITAN NEW YORK COORDINATING
COUNCIL ON JEWISH POVERTY

Schedule R (Form 990) 2013

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

LEXINGTON HOUSING DEVELOPMENT FUND CORP

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

MET COUNCIL FUTURES IN INFORMATION TECHNOLOGY INC.

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

MET COUNCIL HOMECARE SERVICES

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

PROJECT OHR - OFFICE FOR HOMECARE REFERRAL INC.

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

SHORE FRONT COUNCIL HOUSING DEVELOPMENT FUND CORP

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

NAME OF RELATED ORGANIZATION:

SURF GATE HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY

NAME OF RELATED ORGANIZATION:

141 EAST 23RD STREET HDFC INC

DIRECT CONTROLLING ENTITY: METROPOLITAN NEW YORK COORDINATING COUNCIL ON
JEWISH POVERTY