

Return of Organization Exempt From Income Tax

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

2020Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> C GLOBAL JEWISH ASSISTANCE & RELIEF NETWORK 1485 UNION STREET BROOKLYN, NY 11213 </td> <td style="width:30%; vertical-align: top;"> D Employer identification number 11-3095240 E Telephone number (718) 774-6497 G Gross receipts \$ 1,763,266. </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: Same As C Above </td> </tr> </table>	C GLOBAL JEWISH ASSISTANCE & RELIEF NETWORK 1485 UNION STREET BROOKLYN, NY 11213	D Employer identification number 11-3095240 E Telephone number (718) 774-6497 G Gross receipts \$ 1,763,266.	F Name and address of principal officer: Same As C Above	
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F Name and address of principal officer: Same As C Above					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ N/A					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: M State of legal domicile: NY					

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE ASSISTANCE TO THE NEEDY BY SUPPORTING SOUP KITCHENS, SCHOLARSHIPS & MEDICAL ASSISTANCE</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,763,266.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,763,266.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 237,533.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,199,077.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,747,835.
19		Revenue less expenses. Subtract line 18 from line 12	15,431.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	584,435.
	22	Net assets or fund balances. Subtract line 21 from line 20	-394,012.

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 _____ Date _____ ▶ <u>ELIEZER AVTZON</u> Executive Director Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL FRIEDMAN CPA	MICHAEL FRIEDMAN CPA	5/15/23		P00159800
	Firm's name ▶ M FRIEDMAN CPA				Firm's EIN ▶ 11-3108982
	Firm's address ▶ 18 HEYWARD ST. 5TH FL				Phone no. (718) 852-9200
	BROOKLYN, NY 11249				

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 01/19/21 Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:TO PROVIDE ASSISTANCE TO THE NEEDY BY SUPPORTING SOUP KITCHENS, SCHOLARSHIPS & MEDICAL ASSISTANCE**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 \$ 1,393,812. including grants of \$) (Revenue \$)
OPERATIONS OF VARIOUS SOCIAL SERVICE PROGRAMS IN VARIOUS COUNTRIES INCLUDING SOUP KITCHENS, SCHOLARSHIP, AND FOOD CARD PROGRAM**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 1,393,812.