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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A	For th	ne 2007 ca	alendar	year, or tax year beginning	August 1	, 2007	7, and	ending	July 31	
В	Check if	applicable	Please	C Name of organization						er identification number
	Address	s change	use IRS label or	Cheder Chabad of Mons				<u> </u>	13	4073308
	Name c	hange	print or type	Number and street (or PO box	if mail is not delivered to	street a	ddress)	Room/suite	E Teleph	one number
	Initial re	turn	Şee	P.O. Box 1164					(845) 356-1213
	Termina	ition	Specific Instruc-	City or town, state or country,	and ZIP + 4				F Accountin	g method: Cash 🕢 Accrual
	Amende	ed return	tions	Monsey, NY 10952						ner (specify)
	Applicati	on pending		tion 501(c)(3) organizations an						to section 527 organizations for affiliates? Yes Mo
_	107 1 - 10		trus	its must attach a completed Sci	ledule A (Form 990 or 9	90-EZ).			-	er of affiliates ▶
G	Websit	e: ► N/A						H(c) Are all at		
j	Organia	zation type	(check o	nly one) ▶ 🗸 501(c) (3) ◄ (insert no.) 🔲 4947(a)(1)	or 🔲	527			. See instructions.)
ĸ	Check	here ▶ □	if the o	organization is not a 509(a)(3) su	pporting organization an	d its or	oss	H(d) Is this a s		
	receipts	are normal	ly not mo	ere than \$25,000 A return is not re						y a group ruling? Yes V No
	to file a	return, be s	ure to file	a complete return				I Group E		
L	Gross	receipts A	Add lines	s 6b, 8b, 9b, and 10b to line	1,377,9	89.	- 1			the organization is not required orm 990, 990-EZ, or 990-PF).
	art I			penses, and Changes i			Balar			
_	1			gifts, grants, and similar ar				<u> </u>		
	1 '		-	o donor advised funds .	nounts received	1a				
	Ь			apport (not included on line		1b		662,91	16.	
		•		support (not included on li	•	1c				
	d			ntributions (grants) (not inc	•	1d				
	e			1a through 1d) (cash \$		sh \$		<u> </u>	1e	662,916.
	2 -			revenue including governm			n Parl			704,213.
	- 3	Member	ship du	ies and assessments					. 3	· · · · · · · · · · · · · · · · · · ·
	4	Interest	on savi	ngs and temporary cash ir	vestments					
	5	Dividend	is and	interest from securities .		: : :			5	
	6a	Gross re				6a		10,86		
	b			penses		6b		·		40.000
	4			ne or (loss). Subtract line (6b from line 6a .				6c	10,860.
9	7			nt income (describe ▶	(A) Secunties	П	(B) Other) 7	
Revenue	8a			from sales of assets other	try Securities	8a		7 04101	\dashv !	
ď						8b		·		
				er basis and sales expenses.		8c				
	4			attach schedule) s). Combine line 8c, columns					8d	
	9	_	-	nd activities (attach schedule).					:	
	1 -				of	J3	,, 000		' '	
	"			eported on line 1b)		9a				
	Ь			penses other than fundrais		9b				
				(loss) from special events.	-	m line	9a		. <u>9c</u>	
	10a	Gross sa	ales of	inventory, less returns and	allowances	10a			5,	
	b	Less: co	st of g	oods sold		10b				
	C			oss) from sales of inventory (at		ct line	10b fro		. 10c	
	11			(from Part VII, line 103)				·	. 11	4 277 000
	12			Add lines 1e, 2, 3, 4, 5, 6c,	- 1	Συμα	- (° · · · · · · · · · · · · · · · · · ·	949 (01	. 12	1,377,989.
ă	13	_		es (from line 44, column (E			•		13	865,769. 151,208.
Expenses	14			nd general (from line 44, c	olumn (C))			٠, ٠, ٠٠)	15	131,200.
ž	15 16			om line 44, column (D)) . filiates (attach schedule) .			-1-1 in	الد	16	
ш	17			s. Add lines 16 and 44, co	lumn (A)		•	 	. 17	1,017,028.
,				cit) for the year. Subtract li		· · · ·	•	<u> </u>	18	360,961.
Net Assets	19			und balances at beginning		 3 col:	umn /	 A))	. 40	19,489.
ţ	20			in net assets or fund bala				· · ·	20	
ž	21			nd balances at end of year.					. 21	380,450.

Form **990** (2007)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here $ ightharpoonup$	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$)	006	[
	If this amount includes foreign grants, check here $ ightharpoonup$	22b			是"大"。 第二章	1
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
252	Compensation of current officers, directors,					
ZJa	key employees, etc. listed in Part V-A (attach	1 1		i		
	schedule)	25a	36,000.	0.	36,000.	
ь	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B (attach schedule)	25b				
С	Compensation and other distributions, not included above, to			İ		
	disqualified persons (as defined under section 4958(f)(1)) and	05-				
	persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included	26	374,020.	374,020.	o. l	'n
	on lines 25a, b, and c	20	374,020.	374,020.		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines		50 770	50.770		
	25a - 27	28	52,779.	52,779.	0. 3,313.	
29	Payroll taxes :	30	31,366.	28,053.	3,313.	<u>-:</u>
30	Professional fundraising fees	31	800.	0.	800.	0
31	Accounting fees	32				·
32	Legal fees	33	0.	0.	0.	
33	Supplies	34	4,904.	0.	4,904.	0
34 35	Telephone	35	3,258.	0.	3,258.	
36	Postage and shipping	36	289,058.	289,058.	0.	0
37	Equipment rental and maintenance	37	11,678.	0.	11,678.	0
38	Printing and publications	38	595.	297.	298.	0
39	Travel	39				
40	Conferences, conventions, and meetings	40	0.	0.	0.	0
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				<u></u>
43	Other expenses not covered above (itemize):		İ			
a	Babysitting Service	43a	11,760.	11,760.	0.	0
b	Bank Charges	43b	5,351.	0.	5,351.	0
С	Community Programs	43c	31,918.	31,918.	0.	0
d	Computer & Internet	43d	2,089.	2,089.	0.	0
е	Credit Card Discounts	43e	10,194.	70.600	10,194.	0
f	Meals	43f	70,688.	70,688.	0.	0
g	See Other Expenses Statement	43g	80,575.	5,107.	75,468.	0
	Total functional expenses. Add lines 22a through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines			J	J	
	13-15)	44	1,017,028.	865,769.	151,259.	0.
Joint	Costs. Check ▶ ☐ if you are following SOP	98-2.				
	ny joint costs from a combined educational campaign		raising solicitation r	reported in (B) Proc	gram services? . >	Yes 🛭 Ne
	s," enter (i) the aggregate amount of these joint cost					
46	e amount allocated to Management and general \$		and five the a		. F	

(Grants and allocations

(Grants and allocations

(Grants and allocations

e Other program services (attach schedule)

\$

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

Dart III	Statement	of Program	Service	Accomplishments	(See the i	netructions 1
rast III	Statement	or rogram	OCI VICE	Accompliantificities	Tocc inc i	nsu actions.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of particular organization. How the public perceives an organization in such cases may be determined by the in on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part I programs and accomplishments.	formation presented
What is the organization's primary exempt purpose? ▶	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the numb of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to other	(4) (Required for 501(c)(3) and (4) (4) orgs , and 4947(a)(1)
a Provide religious schooling to 300 +/- children according to the philosophy of Chabad Lubavitch Chassidus.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	865,769.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	<u> </u>
C	
	1

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here ightharpoonup

Form **990**

865,769.

P	art IV	Balance Sheets (See the instructions.					
-	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			24,318.	45	21,221.
	46	Savings and temporary cash investments .			0.	46	254,681.
						震站	
	47a	Accounts receivable	47a	10,860.		差上	
	ь	Less: allowance for doubtful accounts .	47b		14,751.		10,860.
			1				
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts .	48b		0.	48c	0.
	49	Grants receivable			<u> </u>	49	
	50a	Receivables from current and former officers, key employees (attach schedule)		50a			
	ь	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 4958	as de	fined under section		50b	
Ø	51a	Other notes and loans receivable (attach	51a				
Assets		schedule)	51b			51c	
Ass	_					52	
-	52 53	Inventories for sale or use		.		53	
		Investments—publicly-traded securities		Cost FMV		54a	
		Investments—other securities (attach schedu				54b	
		Investments—land, buildings, and	(C)	- 0031 0 1 WIV		1860 to	
	วอล	equipment: basis	55a				
	h	Less: accumulated depreciation (attach					
	D	schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
		Land, buildings, and equipment: basis .	57a	129,670.			
		Less: accumulated depreciation (attach					
		schedule)	57b	0.	120,620.	57c	129,670.
	58	Other assets, including program-related inves	tmen	ts			
)	98,000.	58	21,000.
	59_	Total assets (must equal line 74). Add lines 4	15 thr	ough 58	257,689.	59	437,432.
	60	Accounts payable and accrued expenses .				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
ities	63	Loans from officers, directors, trustees, and	key	employees (attach		2	
ij		schedule)			166,200.	-	0.
Liabil	64a	Tax-exempt bond liabilities (attach schedule)				64a	
J	b	Mortgages and other notes payable (attach se	chedi	ıle)	72,000.	64b	56,982.
	65	Other liabilities (describe ►		·) 		65	
	66	Total liabilities. Add lines 60 through 65 .	<u> </u>	<u> </u>	238,200.	66	56,982.
	Orga	nizations that follow SFAS 117, check here ▶		and complete lines			-
ွ		67 through 69 and lines 73 and 74.					
2	67	Unrestricted				67	
횰	68	Temporarily restricted				68	
8	69	Permanently restricted				69	
Net Assets or Fund Balances		nizations that do not follow SFAS 117, check to complete lines 70 through 74.	here	► ☑ and			
5		Capital stock, trust principal, or current funds				70	
ş		Paid-in or capital surplus, or land, building, ar				71	
Sse		Retained earnings, endowment, accumulated			19,489.	72	380,450.
ځ		Total net assets or fund balances. Add lines		· · · · · · · · · · · · · · · · · · ·			
<u>ş</u>		70 through 72. (Column (A) must equal line 19	9 and	column (B) must			
-		equal line 21)			19,489.	73	380,450.
- 1	74	Total liabilities and net assets/fund balances	 Add 	lines 66 and 73	257.689.	74 i	437.432.

ra	Reconciliation of Revenue per Aud instructions.)	dited Financial Staten	nents With Rev	enue pe	r Return	(See the
	Total revenue, gains, and other support per audi	ted financial statements			a	N/A
b	Amounts included on line a but not on Part I, line					
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):					
			b4			
	Add lines b1 through b4				Ь	
C	Subtract line b from line a				С	
d	Amounts included on Part I, line 12, but not on I	ine a:				
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify):		1 1			
	Add lines d1 and d2				q	
е	Total revenue (Part I, line 12). Add lines c and d	dited Financial State		>	e	
	rt IV-B Reconciliation of Expenses per Au					mN/A
a	Total expenses and losses per audited financial s				a	N/A
b	Amounts included on line a but not on Part I, line		b1			
1	Donated services and use of facilities Prior year adjustments reported on Part I, line 20		b2			
2	Losses reported on Part I, line 20		b3			
4	Other (specify):					
4	Cutor (Specify).		b4			
	Add lines b1 through b4				b	
С					С	
d	Amounts included on Part I, line 17, but not on li	ne a:				
1	Investment expenses not included on Part I, line	6b	d1			
2	-Other (specify):	Pro-proper				
	Add lines d1 and d2				d	
e	Total expenses (Part I, line 17). Add lines c and rt V-A. Current Officers. Directors. Trustees				e	_ _
Fa	rt V-A Current Officers, Directors, Trustees or key employee at any time during the ye					
		(B)	(C) Compensation			
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)	benefit plat	ns & deferred ation plans	and other allowances
Rai	bbi Yisroel Shusterman	President, 30 hours	i			
230	Route 306, Monsey, NY	Trestacing of Hours	18,000.		0	0.
Sar	ra Feiga Shusterman	Vice President, 10				
	Route 306, Monsey, NY	hours	6,000.		0	0.
	hudis Abramowitz	Secretary/Administr				Ì
_6 Z	abriskie Drive, Monsey, NY	ation. 20 hours	12,000.		0	0.
			[
						
		}]
						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
						
						
						
						1
						1

Pa	rt V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)		Yes No
75a	Enter the total number of officers, directors, and to	rustees permitted to vo	ote on organizatio	n business at board	
b	meetings	ghest compensated p II-B, related to each	professional and other through	other independent family or business	75b V/A
	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization."	Part I, or highest or Part II-A or II-B, red at are related to the o	ompensated professive compensating series of the compensation? See	fessional and other ion from any other	75c N/A 75d N/A
	rt V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That leceived compensation of	Received Comper or other benefits (d	nsation or Other Bendescribed below) during	the year, list that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
					ļ
	Francis	- Turkey		र्दनाहरूळे	
Par	Other Information (See the instruction	is.)		_ ———	Yes No
76	Did the organization make a change in its activiti detailed statement of each change		ducting activities	? If "Yes," attach a	76 ✓
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	erning documents bu	t not reported to	the IRS?	77 /
78a	Did the organization have unrelated business grothis return?		or more during t	•	78a ✓
b	If "Yes," has it filed a tax return on Form 990-T f	or this year?			78b
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	ion during the ye	ar? If "Yes," attach	79
	Is the organization related (other than by associa common membership, governing bodies, truste organization?	ees, officers, etc., to	any other exer	mpt or nonexempt	80a 🗸
b	If "Yes," enter the name of the organization ▶				
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	ee line 81 instructions	a.) [81a]		81b ✓

and Financial Accounts.

	Yes	No
91b		✓
		A.
	1	
4.	- 494.5	

Other Information (continued)				<u> </u>	Ye	s No
	roanization mai	intain an office	outside of the	United States?		1
f "Yes," enter the name of the foreign country						
						.▶□
				▶ 92		
Analysis of Income-Producing Acti				<u> </u>		
Inter gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sect	tion 512, 513, or 514		
ed.	(A)	(B)	(C)	(D)		
Program service revenue:	Business code	Amount	Exclusion code	Amount		
						15,672.
Food Program		ļ				58,541
			<u> </u>			
			<u> </u>			
Medicare/Medicaid payments		 	<u> </u>			
Fees and contracts from government agencies	<u> </u>	ļ				
Membership dues and assessments						
Interest on savings and temporary cash investments		ļ	 			
Dividends and interest from securities	THE PROPERTY AND THE PERSON NAMED OF	Large profession to the second	n distribution of the second		GENERAL WAR	A COMPANY CO
Net rental income or (loss) from real estate:		SAL WARE		A CHARLES OF THE	The state of	理學定則
debt-financed property			 			
not debt-financed property	<u> </u>	ļ				
			ļ			
Other investment income			 			
Gain or (loss) from sales of assets other than inventory						
Net income or (loss) from special events .			<u> </u>			
· · · · · · · · · · · · · · · · · · ·			1			
Other revenue: a			 			
	· · · · · · · · · · · · · · · · · · ·	 				
			¥			<u> </u>
	**************************************					1010
			1-2 4-2			4,213.
				·		<u>14,213.</u>
			(C 4b	- iddi \		
				mportantly to the	accomplis	shment
	illian by provide	ing turius for suci	i purposesj.			
	·					
Provide Food Program for Eligible Childs	en					
Information Donarding Toyoble Cubei	diarias and Dis	regarded Entit	tion (Coo the i	notmentions l	NT / 7\	
(A)						
vame, address, and EIN of corporation,	ercentage of	(C) Nature of a	ctivities	(D) Total income	End-of-	year
partnership, or disregarded entity own	ership interest				asse	ts
	%					
· —						
	%					
	At any time during the calendar year, did the of "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest restricted and enter the amount of tax-exempt interest restricted. Program service revenue: Tuition Food Program Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Fotal (add line 104, columns (B), (D), and (E)) Relationship of Activities to the Accidition of the organization's exempt purposes (other provide Religious Schooling Provide Food Program for Eligible Childitions Information Regarding Taxable Subsitions Alame, address, and EIN of corporation. Provide Religious Schooling	At any time during the calendar year, did the organization main "Yes," enter the name of the foreign country cection 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrumant. Analysis of Income-Producing Activities (See the Inter gross amounts unless otherwise and analysis of Income-Producing Activities (See the Inter gross amounts unless otherwise and Interest or service revenue: Tuition Food Program Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Relationship of Activities to the Accomplishment of the organization's exempt purposes (other than by provide Provide Religious Schooling Provide Food Program for Eligible Children Information Regarding Taxable Subsidiaries and Disparse, address, and ElN of corporation. Percentage of Pe	At any time during the calendar year, did the organization maintain an office if "Yes," enter the name of the foreign country caretion 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form and enter the amount of tax-exempt interest received or accrued during the trust amounts unless otherwise and. The Analysis of Income-Producing Activities (See the instructions, finter gross amounts unless otherwise and. Truition Frood Program Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a Subtotal (add columns (B), (D), and (E)) Fotal (add line 104, columns (B), (D), and (E)) Explain how each activity for which income is reported in column (E) of Part of the organization's exempt purposes (other than by providing funds for such Provide Religious Schooling Provide Religious Schooling Provide Food Program for Eligible Children Interest measures from search and Disregarded Entity (A) Information Regarding Taxable Subsidiaries and Disregarded Entity (A) Information Regarding Taxable Subsidiaries and Disregarded Entity (A) Interest measures from search activity or which income is reported in column (E) of Part of the organization's exempt purposes (other than by providing funds for such the organization's exempt purposes (other than by providing funds for such the organization's exempt purposes (other than by providing funds for such the organization's exempt purposes (other than by providing funds for such the organization's exempt purposes (other than by providing funds for such the organization's exempt purposes (other than by providing funds for such the organi	At any time during the calendar year, did the organization maintain an office outside of the "Yes," enter the name of the foreign country Inception of the the amount of tax-exempt charitable trusts filing Form 990 in lieu of Form 1041—Check and enter the amount of tax-exempt interest received or accrued during the tax year. III Analysis of Income-Producing Activities (See the instructions.) Inter gross amounts unless otherwise of the control of the c	At any time during the calendar year, did the organization maintain an office outside of the United States? "Yes," enter the name of the foreign country because of the foreign of	At any time during the calendar year, did the organization maintain an office outside of the United States? Yes, enter the name of the foreign country

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \square Yes otin No

a de la compansión de l

☐ Yes ☑ No

Totals Yes No 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it (stree correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please 2010 Sign Signature Date Here PRESIDBNT Type or print name and title Check if Date Preparer's SSN or PTIN (See Gen Inst X) Preparer's Paid signature employed ▶ 🔲 Preparer's Firm's name (or yours EIN > **Use Only** if self-employed), address, and ZIP + Phone no ► 0

· Million Control

Form 990

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<u>"...b</u>"

C

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Cheder Chabad of Monsey		13 ;	4073308
	e Highest Paid Employees tions. List each one. If there	Other Than Officers, Director are none, enter "None.")	s, and Trustees
(a) Name and address of each employee paid mor than \$50,000	e (b) Title and average hours per week devoted to position		ns & account and other
None			
Total number of other employees paid over \$50,000) . ▶	200	1
Part II-A Compensation of the Five (See page 2 of the instruction		t Contractors for Professional dividuals or firms). If there are nor	
(a) Name and address of each independent of	contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None			
	Fig. and Tomber	LEVEL TO A SECURITY AND A SECURITY ASSECTATIONAL ASSECTATION ASSEC	
Total number of others receiving over \$50,000 professional services	_ 1	The state of the s	garding the second
		in professional services, whether	
(a) Name and address of each independent of	contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None			
Total number of other contractors receiving o \$50,000 for other services	ver	The state of the s	

d Enter the total number of donor advised funds owned at the end of the tax year.

amounts in such funds or accounts . . .

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . .

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

0.

Pa	rt I	Reason for Non-Private	e Foundation	Status (See pages 4	through 7 o	f the instruc	tions.)	
l ce	rtify	that the organization is not a priva	te foundation bed	cause it is: (Please checl	k only ONE ap	plicable box.)		
5		A church, convention of churches	s, or association	of churches. Section 170	D(b)(1)(A)(i).			
6	Ø	A school. Section 170(b)(1)(A)(II). (Also complete Part V.)						
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8		A federal, state, or local government	ent or governme	ntal unit. Section 170(b)(1)(A)(v)			
9		A medical research organization of and state ▶	•			(A)(III). Enter th	e hospital's name, city,	
10		An organization operated for the b (Also complete the Support School	_		perated by a go	ovemmental un	it. Section 170(b)(1)(A)(ıv)	
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmental	l unit or from th	e general public. Section	
11b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule ın Part	IV-A)		
12		An organization that normally receifrom activities related to its charitafrom gross investment income ar organization after June 30, 1975.	able, etc., function	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	nan 331/4% of its support sinesses acquired by the	
13		An organization that is not control requirements of section 509(a)(3).					and otherwise meets the	
		☐ Type I ☐ Type II	∏Туре	III-Functionally Integrate	ed [Type III-Othe	er -	
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	e 7 of the inst	ructions)	
Na	me((a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz governing o	upported on listed in porting zation's	(e) Amount of support	
					Yes	No		
		. —						
ota	ı							
4	П	An organization organized and op-	erated to test for	public safety. Section 5	09(a)(4). (See r	page 7 of the i	nstructions.)	

4-240 -- ·

	TE IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions						accounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 200)2	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.)			1			
16	Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of facilities in any activity that is related to the			1		1	
	organization's charitable, etc., purpose]	
18	Gross income from interest, dividends,						
	amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and]				1	
	unrelated business taxable income (less			ł			
	section 511 taxes) from businesses acquired	1		1			
	by the organization after June 30, 1975 .	<u> </u>					
19	Net income from unrelated business						
	activities not included in line 18	 		 			
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on its behalf	}		1			
21	The value of services or facilities furnished to	 		 			
21	the organization by a governmental unit	1				}	
	without charge. Do not include the value of			1			
	services or facilities generally furnished to the public without charge			}		ł	
22	Other income. Attach a schedule. Do not						
_	include gain or (loss) from sale of capital assets	}				j	
3	Total of lines 15 through 22						
4	Line 23 minus line 17						
5	Enter 1% of line 23						
:6	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	ın (e), line 24	•	26a	
b	Prepare a list for your records to show the nar	ne of and amount	t contributed by:	each person (other	than a		
	governmental unit or publicly supported organization					2	
	amount shown in line 26a Do not file this list w					26b	<u></u>
С	Total support for section 509(a)(1) test: Enter li				. •	26c	
ď	Add: Amounts from column (e) for lines: 18				_		
_						26d 26e	
f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera					26f	%
7	Organizations described on line 12: a Fo						
	person," prepare a list for your records to show						
	Do not file this list with your return. Enter the	e sum of such am	nounts for each y	ear:			•
	(2005) (2004)		(2003)		(2002)		
b	For any amount included in line 17 that was received						
	show the name of, and amount received for each	year, that was mor	e than the larger	of (1) the amount or	line 25 fo	r the ye	ear or (2) \$5,000.
	(Include in the list organizations described in lines the difference between the amount received and						
	amounts) for each year:	the larger amount	described in (1)	or (2), citter the sun	11 01 (11030	dillere	ances fine excess
	(2005) (2004)		. (2003)		(2002)		• • • • • • • • • • • • • • • • • • • •
C	Add. Amounts from column (e) for lines: 15		16		ı		
	17 20		21	 · · · ·	▶ }	27c	
d				 · · · ·		27d	
е	Public support (line 27c total minus line 27d to					27e	
f	Total support for section 509(a)(2) test: Enter a						
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu	tor) divided by li	ne 2/1 (denomir or) divided by !!:	nator)) . . . ne 27f (denominat	orll 🛌	27g	<u>%</u>
						27h	<u>%</u>
8	Unusual Grants: For an organization describe prepare a list for your records to show, for each						
	description of the nature of the grant. Do not fi	ile this list with	our return. Do r	not include these g	rants in lu	ne 15.	and a bile

Part V	Private School Questionnaire (See page 9 of the instructions.)	
	(To be completed ONLY by schools that checked the box on line 6 in Part	IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No	
20	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		7'.1 1, aig.1	- F	
30	brochures, catalogues, and other written communications with the public dealing with student admissions,			Ŧ	
	programs, and scholarships?	30	✓		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			±3.00 }	
٠.	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way		3.5	· 62 / 5.	
	that makes the policy known to all parts of the general community it serves?	31	/		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			2 mg	
	Each parent/family is given a flyer and application explaining student acceptance policies.				
		3	/ 张	13	
			-	(#- ₁ 3)	
			- 55		
32	Does the organization maintain the following:	32a	عند	لسند	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32.0	•		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	✓		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32c	1		
	with student admissions, programs, and scholarships?	32d	7		
d	Copies of all material used by the organization of on its behalf to solicit contributions?	李寧	· ·	11.	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1.鸨	
	The distriction of the districti	7.3			
		酸	. T. L.		
33	Does the organization discriminate by race in any way with respect to:				
		Profit		تنكِنن	
а	Students' rights or privileges?	33a		_ _	
- <u>(1881)</u>	A designation of the second of	33b		1.600	<u>Preizias</u>
В	Admissions policies?	000			
С	Employment of faculty or administrative staff?	33c		✓_	
d	Scholarships or other financial assistance?	33d		√	
			ļ	,	
е	Educational policies?	33e			
		33f	1	1	
T	Use of facilities?	331			
_	Athletic programs?	33g	ĺ	✓	
g	Athletic programs?				
h	Other extracumoular activities?	33h		✓_	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			4	
				2	
		W.		مقسمة	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	1		
∪ +a	5000 the organization receive any intancial aid of assistance from a governmental agency?				
Ь	Has the organization's right to such aid ever been revoked or suspended?	34b		✓_	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.				
		觀到	7.78		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		180	्राजी हैं	
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	✓		

Pa	rt VI-A Lobbying Expenditures by E (To be completed ONLY by a					e instructi	ons.) N/A
Che	ck ▶ a ☐ If the organization belongs to an affili	ated group. Che	eck ▶ b 🔲 if	you checked "	a" ar	nd "limited co	ntrol"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea	•				(a) Affiliated gr totals	oup	(b) To be completed for all electing organizations
					36			0.9424.01.0
36	Total lobbying expenditures to influence public	· · · · · ·			37			
37	Total lobbying expenditures to influence a legi			\cdot \cdot \cdot \vdash	38			
38	Total lobbying expenditures (add lines 36 and				39			
39	Other exempt purpose expenditures Total exempt purpose expenditures (add lines			i i	40			
40	Lobbying nontaxable amount. Enter the amount					N. S. S. S.		
41	• •	lobbying nontaxa						
		of the amount on) E				
	Over \$500,000 but not over \$1,000,000 . \$100,			100 000 B				
	Over \$1,000,000 but not over \$1,500,000 . \$175,				41		30000	
	Over \$1,500,000 but not over \$17,000,000. \$225,					经过	32	
		•		J EX				
42	Grassroots nontaxable amount (enter 25% of			J	42			
43	Subtract line 42 from line 36. Enter -0- if line 4	,			43			
44	Subtract line 41 from line 38 Enter -0- if line 4	11 is more than lir	ne 38		44	•••		
				5				
	Caution: If there is an amount on either line 4.				接收的	lim the species	444.90	
		eraging Perio						
	(Some organizations that made a section See the instructions						ns be	elow.
		Lob	bying Expenditu	res During 4	-Ye	ar Averagin	g Pe	riod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2006_	2005	2004		2003		Total
45	Lobbying nontaxable amount							
45	Lobbying nontaxable amount	200			200			
46	Lobbying ceiling amount (150% of line 45(e))				蘊			
-		No. of the last of	his control of the same of the	The state of the s		THE REAL PROPERTY.	ev prode	
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
					e i			
49	Grassroots ceiling amount (150% of line 48(e))					1		
50	Grassroots lobbying expenditures	<u></u>						
Pa	t VI-B Lobbying Activity by Nonelec				_	N/A		
	(For reporting only by organiza	itions that did i	not complete I	art VI-A) (see	page 13 c	of the	e instructions.)
	ng the year, did the organization attempt to influ				ng a	ny Yes	No	Amount
atter	npt to influence public opinion on a legislative n	natter or referende	um, through the	use of:		├		ere del programme accessors
а	Volunteers					·		
b	Paid staff or management (Include compensati			through h.)		·	\dashv	
С	Media advertisements					·	\dashv	
d	Mailings to members, legislators, or the public					· —		
е	Publications, or published or broadcast statem					·	\dashv	
f	Grants to other organizations for lobbying purp					· } —	\dashv	
g	Direct contact with legislators, their staffs, gov		=	-		· 	-	
h	Rallies, demonstrations, seminars, conventions					2504512	1120	
'	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a stat	ıı n., ement givina a de	tailed description	of the lobb	 yina	activities.	40 TH	
					<u>, </u>			

Schedule	'n	(Form	ggn	Or	990-FZ)	
ocnedule	^	ILOHII	330	u	330-124	

Pai	t VI			Transfers To and Transa ee page 13 of the instruction		Relationships V	Vith None	haritable
51				r indirectly engage in any of the D1(c)(3) organizations) or in sect				d in section
2		• •		to a nonchantable exempt org				Yes No
a		Cash		to a nonchamache exemp. erg			51a(i)	1
	(i)	Other assets .					a(ii)	1
h		er transactions:						
D				a noncharitable avamet organiza	ation		b(i)	✓
				a noncharitable exempt organiza			b(ii)	1
	,			ritable exempt organization .			b(iii)	1
				her assets			b(iv)	- *
	• •	Reimbursement a	=					1
							b(v)	1
				ship or fundraising solicitations			b(vi)	- v
				ists, other assets, or paid emplo			_ <u>C</u>	
đ	goo	ds, other assets, o	r services given b	" complete the following scheduli y the reporting organization. If n column (d) the value of the goo	the organization	received less than f	fair market air market v	value of the ralue in any
(a	a)	(b)		(c)		(d)		
Line		Amount involved	Name of non-	charitable exempt organization	Description of to	ransfers, transactions, a	nd sharing arra	angements
	-							
			· · · · · · · · · · · · · · · · · · ·					
					† · · · · ·			
			<u> </u>					
-				A THE STREET OF THE PARTY OF TH	 		<u> </u>	
					+			
					 			
					 			
					 			
	des	cribed in section 50 es," complete the	01(c) of the Code (· · · · · · · ·	_	☑ No
		(a) Name of organiz	ation	(b) Type of organization		(c) Description of relatio	nship	
		· 			ļ			
_					ļ			
		·						
					<u> </u>			
							_	
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				<u> </u>				

Form 990

Compensation of Current Officers, Directors, Key Employees, Etc.

2007

Part II, Line 25a

Name As Shown on Return	Employer Identification No.
Cheder Chabad of Monsey	13-4073308

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Rabbi Yısroel Shusterman	18,000.	0.	18,000.	0.
Sara Feiga Shusterman	6,000.	0.	6,000.	0.
Yehudis Abramowitz	12,000.	0.	12,000.	0.
Total Compensation Received	36,000.	0.	36,000.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program	(C) Management	(D) Fundraising
as -	2	services	and general	
		-		
Total Contributions to Employee Benefit Plans & Deferred	36,000.	0.	36,000.	0.
Compensation Plans			<u> </u>	

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a▶	36,000.	0.	36,000.	0.

Form 990, Page 2, Part II, Line 43

Other	Expenses	Stmt
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Other expenses not covered	(A)	(B)	(C)	(D)
above (itemize):	Total	Program services	Management and general	Fundraising
Gifts	976.	0.	976.	0.
Health & Welfare	2,504.	0.	2,504.	0.
Insurance	12,505.	0.	12,505.	0.
Moving	1,600.	0.	1,600.	0.
Office Expense	56,413.	0.	56,413.	0.
Payroll Administration	1,349.	0.	1,349.	0.
Professional Memberships	121.	0.	121.	0.
Teaching Materials & Supplies	5,107.	5,107.	0.	0.
Total	80,575.	5,107.	75,468.	0.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

16 . L. ·	Cost/Other Basis	Accumulated Depreciation	(c) dip Book Value
Furniture & Fixtures	35,314.	0.	35,314.
Computer & Video Equipment	21,462.	0.	21,462.
Vehicles	45,800.	0.	45,800.
Religious Articles	10,115.	0.	10,115.
Copier Equipment	5,189.	0.	5,189.
Furniture & Fixtures	11,790.	0.	11,790.
Total	129,670.	0.	129,670.

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58-Other Assets	Beginning of Year	End of Year
Security Deposits	21,000.	21,000.
Funds Held in Escrow for Purchase of Building	77,000.	0.
Total	98,000.	21,000.

Supporting Statement of:

Form 990, Page 2, Line 36, Column (C)	
Description	Amount
Rent	243,755.
Repairs	18,509.
Custodial Services	15,087.
Utilities	11,707.
Total	289,058.

Supporting Statement of:

Form 990, Page 2, Line 37, Column (C)		
Description	Amount	
Service Contract	5,954.	
Maintenance & Supplies	5,719.	
Total	11,673	

Supporting Statement of:

Form 990, Page 2, Line 43, Column (C) - 9		
Description	Amount	
Liability	7,937.	
Workers Compensation	2,848.	
Disability	1,720.	
Total	12,505.	

Supporting Statement of:

Form 990, Page 4, Line 64b, Column (B)		
Description	Amount	
Chase Line of Credit	24,134.	
Chase Business Loan	7,696.	
Loans Payable-Others	25,152.	
Total	56,982.	