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Form 990 Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

		A F	or the 2	007 calendar year, or tax year beginning A	UG 1, 2007	and end	ing JUL 31	, 200)8
Second S		B C	heck if	Please				D Employ	yer identification number
Number and street (or P 0 tox firmal is not dehered to steet address) Room/buil ETelephone number (845) 426-0234 Room/buil Room/buil ETelephone number (845) 426-0234 Room/buil	₹ 50		Address change					20-	-1494208
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Power section 501(c)(3) organizations and 4947(x)(1) anosament charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Who bits ► N / A	0 လ) 	Termin- ation	tions City or town, state or country, and ZIP + 4					
must attach a completed Schedule A (Form 990 or 990-EZ). 6. Wethsite. ► N/A Organization type interaction yet in the organization is not a 509(a)(3) supporting organization and its gross recepts an enrolliny not more than \$25,000 A return is not required, but if the organization is not a 509(a)(3) supporting organization and its gross recepts and more than \$25,000 A return is not required, but if the organization is not a 509(a)(3) supporting organization and its gross recepts and more than \$25,000 A return is not required, but if the organization covered than \$25,000 A return is not required, but if the organization of the a return feet by any group ruling or yets. No High Is this a special extern feet by any group ruling or yets. No High Is this a special extern feet by any group ruling or yets. No High Is this a special extern feet by any group ruling or yets. No High Is this a special extern feet by any group ruling or yets. No High Is this a special extern feet by any group ruling or yets. No High Is this a special extern feet by any group ruling or yet yets. No High Is the organization covered the feet by any group ruling or yet yet yet. No High Is the organization covered to the High Is the organization covered the feet by any group ruling or yet yet. No High Is the organization covered to yet yet yet yet. No High Is the organization covered to the Account of the Account of the High Is the organization covered to the High Is the o	~	<u> </u>	_I return		(1) nonevernit charitable tri	uete			
5 Wabsilia. ►N/A	õ		pending	must attach a completed Schedule A (Form 9	90 or 990-EZ).	- 1			
K Check here ▶	^			N / 7		I			
K Check here ▶	类				rt no \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				,
Tecepts are normally not more than \$25,000 A return is not required, but if the organization covered by a group fulling?	_						(If "No," attach a	list)	
CONTINUED Consider the properties of the a return, be sure to file a complete return 1. Group Exemption Number N/A				•		033			ied by an or- roup ruling? Yes X Nr
Contributions of domerations and interest consistency of the constraint interest on savings and temporary cash investments Southern State					anca, but ii tiio organization	f		•	
Part Part									
1 Contributions, gifts, grants, and similar amounts received a Contributions to dinori advised funds b Direct public support (not included on line 1a) 1b 203,860. 1c 1d 1d 1d 1d 1d 1d 1d		L G	iross rec	ceipts. Add lines 6b, 8b, 9b, and 10b to line 12	203,8	60.			
1		Pa	rt I	Revenue, Expenses, and Changes in	Net Assets or Fund	d Balar	nces		
Direct public support (not included on line 1a) 1b 203,860. 1c Indirect public support (not included on line 1a) 1c Indirect public support (not included on line 1a) 1d 1d 1d 1d 1d 1d 1d 1			1	Contributions, gifts, grants, and similar amounts received	ved	1 1		ļ	
c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 203,860. noncash \$) 1e 203,860. 2 Program service revenue including government fees and contracts (from Part VIII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents b Less rental expenses c Net rantal income or (loss) Subtract line 6b from line 6a 7 Other investment income (describe ▶) 8 a Gross amount from sales of assets other than inventory b Less do or Other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule) If any amount is from gaming, check here ▶ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from special events Subtract line 9b from line 10a 11 Other revenue (from Part VIII, line 103) 12 Total revenue (from line 44, column (B)) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (B)) 15 Fundraising (from line 44, column (B)) 16 Payments to affiliates (attach schedule) 17 Total revenue. Add lines 16 and 44, column (B) 18 < 46, 588.2 2			a	Contributions to donor advised funds		1a			
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21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 5, 273.		Net					_		
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		72300		· · ·		structions			

				d (D) are required for section trusts but optional for other	
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 \$ 0 • noncash \$ 0 •	2				1
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule	1 1			STATEMENT 1	
(cash \$248,000 • noncash \$ 0.	4 1	240 000	240 000		
If this amount includes foreign grants, check here	22b	248,000.	248,000.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach	24				
schedule) 25a Compensation of current officers, directors, key	24	··· · · · · · · · · · · · · · · · · ·	·		
employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key	200				
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not	П				
included on lines 25a, b, and c	26				
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30		·		
31 Accounting fees	31			0.400	
32 Legal fees	32	2,403.		2,403.	
33 Supplies	33			-	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				-
37 Equipment rental and maintenance	37				
38 Printing and publications	38 39				
39 Travel	40				-
40 Conferences, conventions, and meetings 41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (Itemize):	1				
a BANK CHARGES	43a	45.		45.	
b	43b				
C	43c				
d	43d				
6	43e				
t	431				
9	43g				
44 Total functional expenses. Add lines 22a through					
43g (Organizations completing columns (B)-(D),			0.40		_
carry these totals to lines 13-15)	44	250,448.	248,000.	2,448.	0.
Joint Costs. Check ▶ ☐ If you are following					
Are any joint costs from a combined educational campa	-	, "			Yes X No
If "Yes," enter (i) the aggregate amount of these joint co			(ii) the amount allocated to		N/A
(III) the amount allocated to Management and general \$ 723011		N/A and	(iv) the amount allocated to	o rundraising \$	N/A
12-27-07					Form 990 (2007)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's prin	mary exempt purpose?	SEE STATEM	ENT 2		Program Service Expenses
clie	nts served, publications iss	sued, etc. Discuss achiev	rements that are not me	and concise manner. State the r asurable. (Section 501(c)(3) and amount of grants and allocations	(4)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а				NAL INSTITUTION HODOX JEWISH FAI		
b	(Grants and allocations	\$ 248,0	00 •) If this amount	includes foreign grants, check h	ere 🕨 🔲	248,000.
С	(Grants and allocations	\$) If this amount	includes foreign grants, check h	ere ▶ □	
d	(Grants and allocations	\$) If this amount	includes foreign grants, check h	ere 🕨 🔲	
е	(Grants and allocations Other program services (a	\$ attach schedule)	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, check h	. —	
f	Total of Program Service				b b	248,000.
						Form 990 (2007)

Note		ere required, attached schedules and amounts vild be for end-of-year amounts only.	vithin the description column	(A) Beginning of year		(B) End of year
	45	Cook and interest house	51,861.	45	5,273.	
	45 46	Cash · non-interest-bearing	31,001.	46	3/2/34	
	40	Savings and temporary cash investments		40		
	47.2	Accounts receivable	47a			
	4, a	Less: allowance for doubtful accounts	47b		47c	
		Less. allowance for doubtful accounts	770		7,5	
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable	<u> </u>		49	
	_	Receivables from current and former officers,	directors, trustees, and			
		key employees			50a	
<u>s</u>	b	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4			50b	
Assets	51 a	Other notes and loans receivable	51a			
ď	b	Less allowance for doubtful accounts	51b	ı	51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments - publicly-traded securities	Cost FMV		54a	
	b	Investments - other securities	Cost FMV		54b	
	55 a	Investments · land, buildings, and				
		equipment: basis	55a			
			1 1			
	b	Less: accumulated depreciation	55b		55c	
	56	Investments - other	, , <u> </u>		56	
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b		57c	<u>.</u>
	58	Other assets, including program-related investment				
	1	(describe -	E1 061	58	5,273.	
	59	Total assets (must equal line 74) Add lines 4	51,861.	59	5,213.	
	60	Accounts payable and accrued expenses	-		60	
	61	Grants payable	-		61	
S	62	Deferred revenue	<u>-</u>		62 63	
ij	63	Loans from officers, directors, trustees, and k	ey employees		64a	
iabilities		Tax-exempt bond liabilities	<u> </u>		64b	
=		Mortgages and other notes payable	\ <u></u>		65	
	65	Other liabilities (describe			- 00	·
	66	Total liabilities. Add lines 60 through 65		0.	66	0.
		anizations that follow SFAS 117, check here	and complete lines		33	
	O.g.	67 through 69 and lines 73 and 74.	and complete units			
es	67	Unrestricted			67	
auc	58	Temporarily restricted			68	
Bal	69	Permanently restricted			69	
5	Orga	anizations that do not follow SFAS 117, chec	k here ▶ X and			
Ē	•	complete lines 70 through 74.				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		0.	70	0.
set	71	Paid-in or capital surplus, or land, building, ar	d equipment fund	0.	71	0.
As	72	Retained earnings, endowment, accumulated	income, or other funds	51,861.	72	5,273.
Ze E	73	Total net assets or fund balances. Add lines 67 th	rough 69 or lines 70 through 72			
		(Column (A) must equal line 19 and column (B) mu		51,861.		5,273.
	74	Total liabilities and net assets/fund balanc	51,861.	74	5,273.	

ori	m 990 (2007) LIMUDEI DA'AS, INC.				4942	
P	Reconciliation of Revenue per Audited Fina	ncial Statements W	ith Revenue pe	r Ret	t urn (Se	e the
<u></u> .	Total revenue, gains, and other support per audited financial stateme	ents	_		a	203,860.
b	Amounts included on line a but not on Part I, line 12:					
1	,	İ	₀₁			
2		To the second se	02			
3	Recoveries of prior year grants	b	3			
4		li li	14			
	Add lines b1 through b4				ь	0.
C	Subtract line b from line a				C	203,860.
ď	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b	[0	11			
2	Other (specify):		12			
	Add lines d1 and d2				d	0.
е	Total revenue (Part I, line 12). Add lines c and d			•		203,860.
P	art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements W	/ith Expenses p	oer R		
а	Total expenses and losses per audited financial statements				а	250,448.
b	Amounts included on line a but not on Part I, line 17.					
1	Donated services and use of facilities	<u>t</u>	11			
2	Prior year adjustments reported on Part I, line 20	t	2			
3	Losses reported on Part I, line 20	<u>. t</u>	93			
4	Other (specify):	<u>1</u>	14			
	Add lines b1 through b4			L	b	0.
C	Subtract line b from line a			L	С	250,448.
d	Amounts included on Part I, line 17, but not on line a:		•			
1	Investment expenses not included on Part I, line 6b		11			
2	Other (specify):		12			
	Add lines d1 and d2				d	0.
e	Total expenses (Part I, line 17). Add lines c and d				e	250,448.
P	art V-A Current Officers, Directors, Trustees, and K	ey Employees (List ea	ch person who was	an off	icer, dire	ctor, trustee,
	or key employee at any time during the year even if they w			(B) a	 	(E) Europea
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter	employ plans	inbutions to ree benefit & deferred sation plans	account and
ΕI	JIEZER HERSKOWITZ	TRUSTEE				
9	EASTVIEW ROAD					
МĊ	NSEY NY 10952	4.00	0.		0.	0.

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ELIEZER HERSKOWITZ	TRUSTEE			
9 EASTVIEW ROAD				
MONSEY, NY 10952	4.00	0.	0.	0.
RABBI YERACHMIEL CENSOR	TRUSTEE			
41 ALBERT DRIVE				
MONSEY, NY 10952	1.00	0.	0.	0.
BORUCH DOV UNGARISCHER	TRUSTEE			
1262 46TH STREET		_	_	_
BROOKLYN, NY 11219	1.00	0.	0.	0.
			İ	
			1	
		<u> </u>		
		L	<u> </u>	

Form	990 (200				<u> 20-1494</u>	<u> 208</u>		age 6
Pai	rt V-A	Current Officers, Directors, Trustees, and Ke	y Employees (continu	red)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
75 a	Enter th	e total number of officers, directors, and trustees permitted t	o vote on organization bu	siness at board				
	meeting	S		▶	3			
b	Are any	officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest of	compensated emp	loyees			
	listed in	Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sc	hedule A,			
		or II-B, related to each other through family or business relat	tionships? If "Yes," attach	a statement that i	dentifies	75-	1 1	Х
		viduals and explains the relationship(s)				75b		
C		officers, directors, trustees, or key employees listed in Form						
		Schedule A, Part I, or highest compensated professional and	•					
		or II-B, receive compensation from any other organizations, ation? See the instructions for the definition of "related organ		able, that are relat	ed to the	75c] [Х
		attach a statement that includes the information described				700		
d		e organization have a written conflict of interest policy?				75d		Х
	rt V-B	Former Officers, Directors, Trustees, and Ke	y Employees That F	Received Com	pensation o		her	
		Benefits (If any former officer, director, trustee, or key en	nployee received compens	sation or other ben	efits (describe	d belo	w) dur	
		the year, list that person below and enter the amount of cor	mpensation or other benef					
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	employee benefi	t 3	E) Expe ccount :	
		NONE		enter -0-)	plans & deferred compensation pla			
						<u> </u>		
						-}-		
				<u> </u>		+		
						 		
-								
					ļ			
10	2 2 2 2 2	Other Information (Co. 46	<u> </u>		<u> </u>		Ves	Na
		Other Information (See the instructions.)	andusting activities 0 If IIV-	a Pattack a datat			Yes	No
76		organization make a change in its activities or methods of co	modeling activities? If "Ye	s, anach a detalle	iu .	76		Х
77		ent of each change ny changes made in the organizing or governing documents b	nut not reported to the IDS	32		<u>70</u> 77		X
"		ry changes made in the organizing or governing documents to a conformed copy of the changes.	out not reported to the Inc	••				,
78 a		organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this ref	turn?	78a		Х
b		has it filed a tax return on Form 990-T for this year?	2 of more during the year		N/A	78b		
79		ere a liquidation, dissolution, termination, or substantial contri	action during the year? If	"Yes," attach a sta		79		Х
80 a		rganization related (other than by association with a statewid				-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		rship, governing bodies, trustees, officers, etc., to any other				80a		X
b		enter the name of the organization N/A	· -					
			and check whether it is	exempt or	nonexempt			ĺ
81 a	Enter dı	rect and indirect political expenditures. (See line 81 instruction	ons.)	81a	0.			
b	Did the	organization file Form 1120-POL for this year?				81 b	لييا	X
						Form	1 990 ((2007)

	1990 (2007) LIMUDET DA'AS, INC. 20-149	4208		age 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	ļ	X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III) 82b N/A	_		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
þ	Did the organization comply with the disclosure requirements relating to $quid\ pro\ quo\ contributions?$	83b	ļ	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b	<u> </u>	ļ
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c N/A	_		
d	Section 162(e) lobbying and political expenditures 85d N/A	_		
е	37/3	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	4	1	-
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	-	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h	ļ	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A	4		
þ		_		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	_		
b				
	against amounts due or received from them.)	_		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	-		
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	▶ 88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A	-		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction N/A	89b	ļ	ļ
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	-		
d		- 1	1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	ļ	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	891	ļ	Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization		1	
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ► NY			
b	· · · · · · · · · · · · · · · · · · ·		001	0
91 a	The books are in care of ► LAWRENCE BROWN & CO. Telephone no ► 845-6			
	Located at ► 180 PHILLIPS HILL ROAD, STE. 3A, NEW CITY, NY ZIP+4 ►	1095		1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ► N/A	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		1	<u> </u>
		Forn	1 990	(2007)

	JDEL DA'AS,	INC	•			20-	1494208	, <u> </u>
Part VI Other Information (Yes No
c At any time during the calendar y				f the Ur	nited States?		91c	<u> </u>
If "Yes," enter the name of the for		-	N/A					. —
2 Section 4947(a)(1) nonexempt ch				heck he	ere	1	27 /	`▶ □ ∶
and enter the amount of tax-exem					<u> </u>	92	N/	<u>A</u>
Part VII Analysis of Income	1			- Cuetos	1-d by	2 == 514		
Note: Enter gross amounts unless othe	erwise	(A)	ed business income	(C)	led by section 512, 513	s, or 514	(E)	
ndicated.	В	usiness	(B) Amount	Exclu- sion	(D) Amount		Related or	•
Program service revenue.		code	·····	code			function	IIICOME
a				 	······································			
b	- _							
C			.	+ +				
d				 				
0				+ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ +$ $ -$				
f Medicare/Medicald payments							 	
g Fees and contracts from governme	_						 	
Membership dues and assessmen								
15 Interest on savings and temporary cash							ļ	
Dividends and interest from securi	ļ 							
37 Net rental income or (loss) from rea	ai estate.						<u> </u>	
a debt-financed property								
not debt-financed property							-	
Net rental income or (loss) from pe	ersonal property							
Other investment income								
ID Gain or (loss) from sales of assets								
other than inventory							 	
Net income or (loss) from special e			-		,,,			
Of Gross profit or (loss) from sales of	inventory			+ 1			<u> </u>	
Other revenue:								
a				1	··			
b								
d				+	•			
d						-		
J4 Subtotal (add columns (B), (D), and	d (E)		0.			0.		0
75 Total (add line 104, columns (B), (I)						<u> </u>		0
ote: Line 105 plus line 1e, Part I, shou		on line 1	2. Part I					<u>_</u>
Part VIII Relationship of Act				ot Pur	Doses (See the	instructi	ons.)	
Line No. Explain how each activity for w					-			ion's
exempt purposes (other than b				арот	, 10 11/0 2000/11,		57 till 0 gamar	
	- -							
							<u></u>	
Part IX Information Regard	ding Taxable Su	bsidiar	ies and Disregard	led Er	ntities (See the	instructio	ns)	
(A) Name, address, and EIN of corporation.	(B) Percentage of		(C)		(D)		(E	
partnership, or disregarded entity	ownership interest		Nature of activities		Total incon	16	End-of asso	
	%	•						
N/A	%							
	%							
	%							
Part X Information Regard	ling Transfers A	ssocia	ted with Persona	Bene	efit Contracts	(See the	ınstructions.)
(a) Did the organization, during the year,	receive any funds, direc	ctly or indi	rectly, to pay premiums or	a perso	nal benefit contract	?	Yes	X No
(b) Did the organization, during the year,	pay premiums, directly	or indirect	ly, on a personal benefit c	ontract?	•		Yes	X No
Note: If "Yes" to (b), file Form 8870 a	nd Form 4720 (see in	struction	s)					
						•	Form	1 990 (2007

108 Did 1	the organization have a binding written contract in effect on August 17, 2006, cover	ring the interest, rents, royalties, and
anni	uitles described in question 107 above?	
Please Sign Here	Under penalties of perjury, inductane that I have examined this return, including accompanying schedules and and complete decision of prepare (other than officer) is based on all information of which preparer has any Signature of officer ELIEZER HERSKOWITZ, TRUSTEE Type or print name and title	Date
Paid Preparer's Use Only	Preparer's signature Film's nome (or yours II ceff-employed), address, and 2IP+4 Preparer's Date 02/08, 0	Check if self- employed ► Preparer's SSN or PTIN (See Gen inst x) EIN ► Phone no. ► 845-638-1001

Form 990 (2007)

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

_	LIMUDEI DA'AS, INC.	•		20 1494208			
Part I	Compensation of the Five Highest			Officers, Dire	ctors, and T	rustees	
	(See page 1 of the instructions List each one if the	ere are none, er	iter "None") (b) Title and average hours	1	(d) Contributions to	(e) Expense	
	a) Name and address of each employee paid more than \$50,000	·····	per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and other allowances	
NONE							
Total number of over \$50,000	f other employees paid	•	0				
Part II-A	Compensation of the Five Highest (See page 2 of the instructions List each one (whet		-		ional Service	es 	
	(a) Name and address of each independent contractor	or paid more th	an \$50,000	(b) Type of s	service	(c) Compensation	
NONE							
	f others receiving over ressional services	•	0				
Part II-B	Compensation of the Five Highest (List each contractor who performed services other firms. If there are none, enter "None" See page 2 of	r than professio	onal services, whether individu		ervices		
	(a) Name and address of each independent contractor	or paid more th	an \$50,000	(b) Type of	service	(c) Compensation	
NŌNĒ							
Total number of \$50,000 for oth	f other contractors receiving over er services	>	0				

P	Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	-A, or1_		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
í	a Sale, exchange, or leasing of property?	2a		X
ı	b Lending of money or other extension of credit?	2b		X
(c Furnishing of goods, services, or facilities?	2c		X
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
(e Transfer of any part of its income or assets?	2e		X
3 8	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments)	3a		X
ı	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
(c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
(d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 :	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f			
	and 4g	4a		X
ı	b Did the organization make any taxable distributions under section 4966? N/P	4b		
(${f c}$ Did the organization make a distribution to a donor, donor advisor, or related person? N/ ${f F}$	4c		
(d Enter the total number of donor advised funds owned at the end of the tax year	•	N/	Α
(e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶	N/	Α
1	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			-
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	•		0.
ı	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	•		0.
٠				

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instructio	ns)				
certif	y that th	ne organization is not a private foundation because it is (Please check only ONE a	pplicable box)					
5		A church, convention of churches, or association of ch							
6		A school Section 170(b)(1)(A)(II) (Also complete Part	: V)						
7		A hospital or a cooperative hospital service organizatio	n Section 170(b)(1)(A)(III)					
8		A federal, state, or local government or governmental u	ınıt Section 170(b)(1)(A)(v)					
9		A medical research organization operated in conjunction	n with a hospital Sectio	n 170(b)(1)(A)(III) Enter t	he hospital's	name, city,			
		and state							
10		An organization operated for the benefit of a college or	university owned or ope	rated by a governmental (ınıt Section	170(b)(1)(A)(ı	v)		
		(Also complete the Support Schedule in Part IV-A)							
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
		Section 170(b)(1)(A)(vi) (Also complete the Support	Schedule in Part IV-A)						
11b		A community trust Section 170(b)(1)(A)(vi) (Also cor		dule in Part IV-A)					
12		An organization that normally receives (1) more than			rship fees, ai	nd gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of							
		its support from gross investment income and unrelate	ed business taxable inco	me (less section 511 tax)	from busines	ses acquired			
		by the organization after June 30, 1975 See section 5	09(a)(2) (Also complet	e the Support Schedule in	Part IV-A)				
13		An organization that is not controlled by any disqualifie	ed persons (other than fo	undation managers) and	otherwise me	ets the require	ments of section		
		509(a)(3) Check the box that describes the type of sup		,		•			
		Type I Type II	, , , , , , , , , , , , , , , , , , ,	inctionally Integrated		Type III-	Other		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· , p = ··· · ·						
		Provide the following information at	oout the supported orga	nizations. (See page 8 of	the instruction	ns)			
		(a)	(b)	(c)	(d)		(e)		
		Name(s) of supported organization(s)	Employer	Type of organization		pported	Amount of		
			identification number (EIN)	(described in lines 5 through 12 above	organizatii the sup	on listed in	support		
			Individual (Elity)	or IRC section)		ation's			
					governing	documents?			
					Yes	No			
						İ			
		-							
				<u> </u>					
						.			
otal									
Total						•			

Schedule A (Form 990 or 990-EZ) 2007

r Ca	Note: You may use the	e worksheet in the instr	uctions for converting	from the accrual to the	cash method	of accour	nting.
	dar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	444,800.	214,372.	231,150.			890,322.
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 organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
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						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	444,800.	214,372.	231,150.		0.	890,322.
24	Line 23 minus line 17	444,800.	214,372.	231,150.			890,322.
25	Enter 1% of line 23	4,448.	2,144.	2,312.			
26	Organizations described on lines 10) or 11: a Enter 2% of a	mount in column (e), line	24	>	26a	17,806.
b	Prepare a list for your records to sho	w the name of and amour	nt contributed by each pe	rson (other than a govern	ımental		
	unit or publicly supported organization	on) whose total gifts for 20	003 through 2006 exceed	led the amount shown in	line 26a		
	Do not file this list with your return.	Enter the total of all these	excess amounts		.	26b	0.
C	Total support for section 509(a)(1) to	est Enter line 24, column	(e)		•	26c	890,322.
d	Add Amounts from column (e) for li						
		22	26b _			26d	000 200
e	Public support (line 26c minus line 2	:6d total)			•	26e	890,322.
f	Public support percentage (line 26e			~		261	100.00009
27	Organizations described on line 12:						
	records to show the name of, and to	_	ch year from, each "disqu	ialified person " Do not fil	e this list with yo	ur return	Enter the sum of
	•	N/A	400	•••	4000		
	(2006)	(2005)	·	004)	(200		
b	For any amount included in line 17 th						
	and amount received for each year, t						
	described in lines 5 through 11b, as the larger amount described in (1) or	•	•	· -	N/A	een the ar	HOURT ISCENSO AND
	(2006)	(2005)	·	004)	(200	131	
	Add Amounts from column (e) for III	, ,	•	•	•	13)	
C	, ,			16 21		27c	N/A
d	Add Line 27a total		1 line 27b total			27d	N/A
e	Public support (line 27c total minus		=			278	N/A
f	Total support for section 509(a)(2) to		23, column (e)	► 27f]	N/A		
g	Public support percentage (line 276	e (numerator) divided by	line 27f (denominator))		>	27g 27h	N/A % N/A %
	Investment income percentage (line				hrough 2006 pro		**********

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)

instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 32 If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement.) 33 Does the organization maintain the following 34 Records indicating the racial composition of the student body, faculty, and administrative staft? 35 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 36 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 36 Copies of all inaterial used by the organization or on its behalf to solicit contributions? 37 If you answered 'No' to any of the above, please explain (if you need more space, attach a separate statement.) 38 Does the organization discriminate by race in any way with respect to 39 Students' rights or privileges? 39 Affinition of students and policies? 30 Scholarships or other financial assistance? 30 Employment of faculty or administrative staft? 31 Scholarships or other financial assistance? 32 Employment of faculty or administrative staft? 33 Scholarships or other financial assistance? 34 Does the organization receive any financial aid or assistance from a governmental agency? 34 Does the organization receive any financial aid or assistance from a governmental agency? 34 Does the organization certify that it has compiled with the applicable requiremen	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholariships? 30 Has the organization publicated its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 32 Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Records documenting that scholariships and other financial assistance are awarded on a racially nondiscriminatory basis? 32 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholariships? 32 d Copies of all material used by the organization or on its behalf to solicit contributions? 33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 34 Employment of faculty or administrative staff? 35 Scholariships or other financial assistance? 36 Employment of faculty or administrative staff? 37 Scholariships or other financial assistance? 38 Scholariships or other financial assistance? 39 Affinition programs? 30 Other extracurricular activities? 31 Other extracurricular activities? 32 If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 34 Does the organization receive any financial aid or assistance from a governmental agency? 34 Description of the organization or certify that it has complete with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50,	LJ	·	29		
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Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,	b	Has the organization's right to such aid ever been revoked or suspended?	34b	ļ	ļ
1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation 35	35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			
		1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		<u> </u>

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

J	7	Δ

	(To be completed ONLY by	an eligible organization that filed Form 5768)			
Che	eck a if the organization belong	s to an affiliated group Check b	If you chec	ked "a" and "limited contro	ol" provisions apply
		Lobbying Expenditures ures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 37 38 39	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 36 Other exempt purpose expenditures	a legislative body (direct lobbying)	36 37 38 39	N/A	
40	Total exempt purpose expenditures (add	•	40	·····	
41	Lobbying nontaxable amount. Enter the a	imount from the following table -			
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	\$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000	41		
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25	% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if	line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if	line 41 is more than line 38	44		
	Caution: If there is an amount on eit	her line 43 or line 44, you must file Form 4720.			

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 45 through 50 on page 13 of the instructions)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(B) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

		Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

	Yes	No	Amount
1			
			0
			.

		7 LIMUDEL DA'AS,			49420	8	Page
Part '		garding Transfers To an zations (See page 14 of the Inst		d Relationships With Nonchar	itable		
51 Dı		lirectly or indirectly engage in any of		r organization described in section			
		section 501(c)(3) organizations) or i	•				
		ganization to a noncharitable exemp		miou. organizationo		Yes	No
	i) Cash	gameation to a nonchantable enemp	e organization of		51a(ı)		X
•	i) Other assets				a(ii)		Х
	ther transactions						
		ets with a noncharitable exempt orga	inization		b(i)		Х
		noncharitable exempt organization			b(ii)		X
-	i) Rental of facilities, equipme				b(iii)		Х
	Reimbursement arrangeme				b(iv)		Х
-) Loans or loan guarantees				b(v)		Х
		membership or fundraising solicita	tions		b(vi)		X
c Si	naring of facilities, equipment,	mailing lists, other assets, or paid e	employees		C		X
d If	the answer to any of the abov	e is "Yes," complete the following sc	hedule Column (b) should a	always show the fair market value of the			
go	ods, other assets, or services	s given by the reporting organization	If the organization received	l less than fair market value in any			
tra	ansaction or sharing arrangen	nent, show in column (d) the value o	of the goods, other assets, or	r services received		N/A	
(a)	(b)	(c)		(d)			
Line no	Amount involved	Name of noncharitable ex	kempt organization	Description of transfers, transactions, and	l sharing ar	ranger	nents
							
							
	· · · · · · · · · · · · · · · · · · ·						
			,				
	Al			524() 41			
	the organization directly or in ode (other than section 501(c)	•	one or more tax-exempt org	anizations described in section 501(c) of the	Yes	X] No
	"Yes," complete the following:				163		_ 140
<u> </u>	(a		(b)	(c)			
	Name of or		Type of organization	Description of relation	ship		
		W 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 1
CLASS OF ACTIVIT	TY/DONEE'S NAME AND ADDRESS	AMOUNT
RELIGIOUS & EDUC KOLEL TAHAROS BNEI-BRAK ISRAEL	CATIONAL PURPOSES	248,000.
TOTAL INCLUDED (ON FORM 990, PART II, LINE 22B	248,000.
FORM 990 STAT	TEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPO PART III	OSE STATEMENT 2

EXPLANATION

TO PROVIDE FUNDS TO INDIVIDUALS AND ORGANIZATIONS THAT SUPPORT THE ORTHODOX JEWISH FAITH.