

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_														
	For ti	he 2008 calend	dar year,	or tax year begi	nning 7/0	<u>1</u>	2008, and	endin	g 6/30)	1	2009		
В	Check	ıf applicable	Diagram						D	Employ	er Identr	fication Numb	er	
	Ac	ddress change	Please use IRS label	HERKEM HIG		OF NEW ENG	LAND, I	NC	Ĺ	06-	14559	973		
	Na	ame change	or print or type.	1244 NORTH					E	Telepho	ne numb	er		_
	In	ibal return	See specific	WEST HARTE	ORD, CT	06117-1200			l	(86	0) 231	L-0317		
	Те	ermination	Instruc- tions.]										_
	An	mended return							G	Gross r	eceipts \$	2.0	60,334	
	Ap	plication pending	F Name a	and address of principa	al officer				H(a) Is this a gr				Yes X N	_
			Same A	As C Above				ļ	H(b) Are all affi				Yes N	
ī	Tax	exempt status	s X 501	(c) (3)◀	(insert no)	4947(a)(1)	or 52	7	If 'No,' atta	ch a list	(see instr	uctions)		
J			w.hhne						1(c) Group exer	notion nu	mber ►			
K	Туре	of organization	X Corpora	ton Trust	Association	Other ►	L Year of		n 1996			gal domicile	CT	
P	art I	Summa			<u> </u>	<u> </u>				1				_
	1	Briefly describ	e the org	janization's miss	ion or most si	gnificant activities	THE P	URPO	SE OF T	HE H	EBREV	HIGH	SCHOOT	_
Φ	1.	OF NEW EN	NGLAND	_ INC (HHN	E) IS TO	PROVIDE HIG	H SCHOO	L JI	EWISH RE	LIGI	OUS	INSTRUC	TION	-
Activities & Governance	┨ .	ACCORDING	<u> TO 0</u>	RTHODOX JEI	WISH RELI	GIOUS AUTHO	RITIES	AND	AN ACCI	REDIT	ED S	ECONDAF	Ϋ́	_
Ē			EDU <u>CA</u> T	ION THE J	HHNE IS S	UPPORTED_PR	IMARILY	HT	ROUGH CO	NTRI	BUTI			_
30,	2	Check this box	< ▶	if the organizatio	n discontinue	d its operations or	disposed of	of mor	e than 25%	of its a	ssets			
જ				bers of the gover						ļ	3		2	
es						ning body (Part VI	i, line Ib)			}	4	-	1	용.
ž				yees (Part V, line eers (estimate if						-	5		4	
Act						I, line 12, column	(C)				7a		0	
	1	_		taxable income		•	(0)			ŀ	7b		0	_
						· · · · · · · · · · · · · · · · · · ·			Prior	Year		Curren		_
	8 (Contributions a	and grant	ts (Part VIII, line	1h)					96,9	15.		35,716.	-
nue	ľ												22,870	
Revenue		0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,20											1,748.	_
ď	11 (_	
	12	Total revenue	 add lin 	es 8 through 11	(must equal F	art VIII, column (/	4), line 12)		2,0	56,92	24.	2,06	0,334.	
	13 (Grants and sim	nılar amo	unts paid (Part I	X, column (A)	, lines 1-3)								_
	14 E	Benefits paid t	o or for r	nembers (Part IX	(, column (A),	line 4)								_
Ø	15 5	Salaries, other	compen	sation, employee	benefits (Par	t IX, column (A),	lines 5-10)		9	94,69	9.	1,11	3,605.	
ıse	16a f	Professional fu	ındraising	g fees (Part IX, c	olumn (A), lın	e 11e)								_
Expenses	ь	Total fundraisir	ag expen	ses (Part IX, colu	umn (D) line :	25) ►	3,65	2					······	-
ω,				K, column (A), lin					Ω	60,53		7.8	5,443.	-
	5	•				column (A), line 2	5)	}		55,23	-		9,048.	_
				Subtract line 18						01,68			1,286.	-
k 8	-	10101100 1000	Aportises	Cubitact into 10	TOTAL MILE IE	RECE	WED	- 						-
\$ d	20 T	Total assets (P	art Y lin	a 16)			V Rose	الدر	Beginnin	g of 18 37,13		End of	Year 5,101.	-
88		fotal liabilities		•	j	6 MAY 18	2040	100		08,41			0,594.	-
Not Assets or Fund Balances			•	ŕ			2010	S-OSC						_
	rt II	Signatur		ices Subtract lin	e zi irom ime	20		121		21,28	1.	10	<u>4,507.</u>	-
	* * * * * * * * * * * * * * * * * * * *					OGDEI	W. 117						 	-
		true, correct and	complete	declare that I have exa eclaration of preparer	other than officer) is based on all inform	and of which	d statem preparer	ents, and to the has any knowle	bestofr edge	ny knowle	edge and belie	f, it is	
Sig	n		Lel	lotal.					15/11	dus -				
Hei		Signature of	officer, /	27704					Date 7	70				-
		IN Teal	Tahlo	to kel for	id T									
		Type or print	name and	ute.	y vent									-
-		†			 		Date		Check if		Prepa	rer's identifyin	g number	•
Pai	d		1./1/	f(A)			1.7		self	. 5	(seé ii	nstructions)		
Pre	-	Preparer's signature	- Wahh.	Man K. Lyrendo	ger, CPA		3/1/2		employe	· <u>/</u>	3 B48	3-57-64	79	
	er's	Firm's name (or	νυ <i>ΓΟ</i> Μ	, , ,	~~····		אטווס				1010	0 0 /	·	
Use		yours if self		n K. Yeager, ¢PA ependende Lane					EIN .	N/.	Δ			
Onl	y	address, and ZIP + 4		rpendence Lane Haven CT 06473	3				Phone n		860)	633-16	62	
Mav	the IR	·				(see instructions)	 -		I r none n	<u> </u>		X Yes	∏ No	

		<u> </u>	3		age 2
Pai	THE Statement of Program Service Accomplishments (see Instructions)				
1	Briefly describe the organization's mission:				
	See Schedule 0				
	Did the organization undertake any significant program services during the year which were not listed on the prior	·			
_	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O			ت	
9	·	П	Yes	X	No
3		ш	165		NO
	If 'Yes,' describe these changes on Schedule O.	0	- 501/		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expe and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations.	enses. Section	on 501(s the t	c)(3) otal	
	expenses, and revenue, if any, for each program service reported		o,c .	o tu i	
4 a	a (Code:) (Expenses \$ 1,862,447. including grants of \$) (Revenue))
	THE HEBREW HIGH SCHOOL OF NEW ENGLAND WAS ORGANIZED TO PROVIDE ORTHO				귝
	SCHOOL EDUCATION AND AN ACCREDITED SECONDARY SECULAR EDUCATION TO YO				
	WOMEN. DURING THE CURRENT YEAR, THE HEBREW HIGH SCHOOL OF NEW ENGLAN	ID_SUCCE	SSFU	LLY	
	PROVIDED ORTHODOX JEWISH EDUCATION TO THE STUDENTS AND FOLLOWED THE	GOALS S	ET F	ORT	Н
	BY THE SCHOOL.	-			
			· – – –		
				- -	
41	b (Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
٦,	b (Code:) (Expenses φ) (reven	uc 4			
		-			
				-	
40	c (Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
				- -	
				·	
			. <i>– –</i>		
				. – –	
4	d Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)_	
4	e Total program service expenses ► \$ 1,862,447. (Must equal Part IX, Line 25, column (B))				
<u></u>					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part I	4		Х
5	Section 501(c)(24), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	_ X	L
14 a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17		17	<u> </u>	Х
18		18	X	 ,,-
19		19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 <i>a</i>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
ŧ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>x</u>
		Form	- 000	(2008)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Χ_
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
D A /		Form	990	(2008)

TEEA0104L 12/18/08

Page 5

1 dit 4 Statements Regarding Other 1101 mings and Tax Semigranics	$\overline{}$		
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.Information Returns. Enter -0- if not applicable1a			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1с		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 42			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	_3b		ļ
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		,	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c	i	
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	L
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х_
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	_7g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		ļ
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	L
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	n 990	/2009
BAA	FORT	1 220	(2000

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	Section A. Governing Body and Management							
	For each 'Yes' response to lines 2-7b below, and for a 'No processes, or changes in Schedule O See instructions	o' response to lines 8 or 9b below, describe the circumstances,	Yes	No				
1.	1a Enter the number of voting members of the governing boo							
	b Enter the number of voting members that are independen	t <u>1b</u> 18						
2	2 Did any officer, director, trustee, or key employee have a officer, director, trustee or key employee?	family relationship or a business relationship with any other		<u>X</u>				
3	3 Did the organization delegate control over management d of officers, directors or trustees, or key employees to a m	uties customarily performed by or under the direct supervision anagement company or other person?	<u> </u>	X				
4	4 Did the organization make any significant changes to its of since the prior Form 990 was filed?	organizational documents		X				
5	5 Did the organization become aware during the year of a n	naterial diversion of the organization's assets?	;	Х				
6 Does the organization have members or stockholders?								
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	8 Did the organization contemporaneously document the method following							
	a The governing body?	 	Ba X	<u> </u>				
	b Each committee with authority to act on behalf of the gov		вь Х	X				
	9a Does the organization have local chapters, branches, or a		a					
	and branches to ensure their operations are consistent wi		ь					
	10 Was a copy of the Form 990 provided to the organization' describe in Schedule O the process, if any, the organization	on uses to review the Form 990 See Schedule U	<u> </u>					
	11 Is there any officer, director or trustee, or key employee I organization's mailing address? If 'Yes,' provide the name	sted in Part VII, Section A, who cannot be reached at the es and addresses in Schedule O		X				
Se								
<u> </u>	Section B. Policies			T				
12	Section B. Policies 12a Does the organization have a written conflict of interest p		Yes 2a	No X				
12		juried to disclose annually interests that could give rise						
12	12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees rec to conflicts?	and enforce compliance with the policy? If 'Yes,' describe in	2a 2b 2c	X X X				
12	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees rector conflicts? c Does the organization regularly and consistently monitor. Schedule O how this is done 13 Does the organization have a written whistleblower policy 	and enforce compliance with the policy? If 'Yes,' describe in	2a 2b 2c	X X X X				
12	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees recto conflicts? c Does the organization regularly and consistently monitor Schedule O how this is done 	and enforce compliance with the policy? If 'Yes,' describe in	2a 2b 2c	X X X				
12 13 14	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees rector conflicts? c Does the organization regularly and consistently monitor. Schedule O how this is done 13 Does the organization have a written whistleblower policy 	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? and persons include a review and approval by independent	2a 2b 2c	X X X X				
12 13 14 15	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees rectored to conflicts? c Does the organization regularly and consistently monitor schedule O how this is done 13 Does the organization have a written whistleblower policy 14 Does the organization have a written document retention 15 Did the process for determining compensation of the follopersons, comparability data, and contemporaneous substantial organization's CEO, Executive Director, or top management 	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? awing persons include a review and approval by independent antiation of the deliberation and decision:	2a 2b 2c	X X X X				
12 13 14 15	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees rector conflicts? c Does the organization regularly and consistently monitor schedule O how this is done 13 Does the organization have a written whistleblower policy 14 Does the organization have a written document retention 15 Did the process for determining compensation of the follopersons, comparability data, and contemporaneous substantial a The organization's CEO, Executive Director, or top manages b Other officers of key employees of the organization? 	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? awing persons include a review and approval by independent antiation of the deliberation and decision: gement official?	2a 2b 2c 3	X X X X				
12 13 14 15	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees recto conflicts? c Does the organization regularly and consistently monitor <i>Schedule O how this is done</i> 13 Does the organization have a written whistleblower policy 14 Does the organization have a written document retention 15 Did the process for determining compensation of the foliopersons, comparability data, and contemporaneous substante organization's CEO, Executive Director, or top manages b Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions) 	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? awing persons include a review and approval by independent antiation of the deliberation and decision: gement official?	2a 2b 2c 3 4	X X X X				
12 13 14 15	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees red to conflicts? c Does the organization regularly and consistently monitor <i>Schedule O how this is done</i> 13 Does the organization have a written whistleblower policy 14 Does the organization have a written document retention 15 Did the process for determining compensation of the foliopersons, comparability data, and contemporaneous substantent a The organization's CEO, Executive Director, or top manages b Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or parentity during the year? 	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? awing persons include a review and approval by independent antiation of the deliberation and decision: gement official? 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2a 2b 2c 3 4	X X X X				
12 13 14 15	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees recto conflicts? c Does the organization regularly and consistently monitor <i>Schedule O how this is done</i> 13 Does the organization have a written whistleblower policy 14 Does the organization have a written document retention 15 Did the process for determining compensation of the folion persons, comparability data, and contemporaneous substitute a The organization's CEO, Executive Director, or top manages bother officers of key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or parentity during the year? b If 'Yes,' has the organization adopted a written policy or parentity enture arrangements under applicable federal tax 	puired to disclose annually interests that could give rise and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? bying persons include a review and approval by independent antiation of the deliberation and decision: gement official? Intercipate in a joint venture or similar arrangement with a taxable procedure requiring the organization to evaluate its participation of law, and taken steps to safeguard the organization's exempt	2a	X X X X X				
12 13 14 15	 12a Does the organization have a written conflict of interest phare officers, directors or trustees, and key employees rector conflicts? c Does the organization regularly and consistently monitor <i>Schedule O how this is done</i> 13 Does the organization have a written whistleblower policy Does the organization have a written document retention 15 Did the process for determining compensation of the folion persons, comparability data, and contemporaneous substant a The organization's CEO, Executive Director, or top manage by Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or parentity during the year? b If 'Yes,' has the organization adopted a written policy or parentity contribute arrangements under applicable federal tarstatus with respect to such arrangements? 	puired to disclose annually interests that could give rise and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? bying persons include a review and approval by independent antiation of the deliberation and decision: gement official? Intercipate in a joint venture or similar arrangement with a taxable procedure requiring the organization to evaluate its participation of law, and taken steps to safeguard the organization's exempt	2 a 2 b 2 c 3 4 5 a 5 b 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a	X X X X X				
12 13 14 15	 12a Does the organization have a written conflict of interest p b Are officers, directors or trustees, and key employees red to conflicts? c Does the organization regularly and consistently monitor <i>Schedule O how this is done</i> 13 Does the organization have a written whistleblower policy 14 Does the organization have a written document retention 15 Did the process for determining compensation of the foliopersons, comparability data, and contemporaneous substantental and the organization's CEO, Executive Director, or top manages bother officers of key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or parentity during the year? b If 'Yes,' has the organization adopted a written policy or in joint venture arrangements under applicable federal tarstatus with respect to such arrangements? Section C. Disclosures 	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? and destruction policy? by sing persons include a review and approval by independent antiation of the deliberation and decision: gement official? articipate in a joint venture or similar arrangement with a taxable procedure requiring the organization to evaluate its participation in a law, and taken steps to safeguard the organization's exempt	2 a 2 b 2 c 3 4 5 a 5 b 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a	X X X X X				
13 14 15 16 Se 17	 12a Does the organization have a written conflict of interest phonomers. Are officers, directors or trustees, and key employees rector conflicts? c Does the organization regularly and consistently monitor. Schedule O how this is done. 13 Does the organization have a written whistleblower policy. 14 Does the organization have a written document retention. 15 Did the process for determining compensation of the folion persons, comparability data, and contemporaneous substomation. The organization's CEO, Executive Director, or top manages. The organization invest in Schedule O. (see instructions). 16a Did the organization invest in, contribute assets to, or parentity during the year? b If 'Yes,' has the organization adopted a written policy or parentity during the year? b If 'Yes,' has the organization adopted a written policy or parentity with respect to such arrangements? Section C. Disclosures. 17 List the states with which a copy of this Form 990 is required. 	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? and destruction policy? bying persons include a review and approval by independent antiation of the deliberation and decision: gement official? 1 tricipate in a joint venture or similar arrangement with a taxable procedure requiring the organization to evaluate its participation in a law, and taken steps to safeguard the organization's exempt 1 irred to be filed None 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	2 a 2 b 2 c c 3 4 c c c c c c c c c c c c c c c c	X X X X X X				
13 14 15 16 Se 17	 12a Does the organization have a written conflict of interest phonogeness. Are officers, directors or trustees, and key employees rector conflicts? c Does the organization regularly and consistently monitor. Schedule O how this is done. 13 Does the organization have a written whistleblower policy. 14 Does the organization have a written document retention. 15 Did the process for determining compensation of the folion persons, comparability data, and contemporaneous substant a The organization's CEO, Executive Director, or top manages. Describe the process in Schedule O. (see instructions). 16a Did the organization invest in, contribute assets to, or parentity during the year? b If 'Yes,' has the organization adopted a written policy or pringing the process of the organization and the policy of pringing the process of the organization of the folion of	and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? and destruction policy? bying persons include a review and approval by independent antiation of the deliberation and decision: gement official? 1 tricipate in a joint venture or similar arrangement with a taxable procedure requiring the organization to evaluate its participation in a law, and taken steps to safeguard the organization's exempt 1 irred to be filed None 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	2 a 2 b 2 c c 3 4 c c c c c c c c c c c c c c c c	X X X X X X				
12 13 14 15 16 Se 17 18	 12a Does the organization have a written conflict of interest photoconflicts? c Does the organization regularly and consistently monitor schedule O how this is done. 13 Does the organization have a written whistleblower policy. 14 Does the organization have a written document retention. 15 Did the process for determining compensation of the follopersons, comparability data, and contemporaneous substant a The organization's CEO, Executive Director, or top manage bother officers of key employees of the organization? Describe the process in Schedule O. (see instructions). 16a Did the organization invest in, contribute assets to, or parentity during the year? b If 'Yes,' has the organization adopted a written policy or pring joint venture arrangements under applicable federal tastatus with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required. Section 6104 requires an organization to make its Forms inspection. Indicate how you make these available. Checked. Own website 	puired to disclose annually interests that could give rise and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? bying persons include a review and approval by independent antiation of the deliberation and decision: gement official? 1 Tricipate in a joint venture or similar arrangement with a taxable procedure requiring the organization to evaluate its participation is law, and taken steps to safeguard the organization's exempt 1 1 1 1 1 1 1 1 1 1 1 1 1	2a 2b 2c 3 4 5a 5b	X X X X X X				
12 13 14 15 16 Se 17 18	 12a Does the organization have a written conflict of interest phonomers. Are officers, directors or trustees, and key employees rect to conflicts? c Does the organization regularly and consistently monitor. Schedule O how this is done. 13 Does the organization have a written whistleblower policy. 14 Does the organization have a written document retention. 15 Did the process for determining compensation of the folion persons, comparability data, and contemporaneous substant a The organization's CEO, Executive Director, or top manage by Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions). 16a Did the organization invest in, contribute assets to, or parentity during the year? b If 'Yes,' has the organization adopted a written policy or parentity during the year? b If 'Yes,' has the organization adopted a written policy or parentity during the year? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required. Section 6104 requires an organization to make its Forms inspection. Indicate how you make these available. Check Own website. Describe in Schedule O whether (and if so, how) the organization available to the public. 	puired to disclose annually interests that could give rise and enforce compliance with the policy? If 'Yes,' describe in and destruction policy? and destruction policy? bying persons include a review and approval by independent antiation of the deliberation and decision: gement official? 1 tricipate in a joint venture or similar arrangement with a taxable procedure requiring the organization to evaluate its participation of law, and taken steps to safeguard the organization's exempt 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availability all that apply. X Upon request anization makes its governing documents, conflict of interest policy of the person who possesses the books and records of the organical conflict of the organical conf	2a 2c 3 4 55a 55b able for and fin	X X X X X X X A A A A A A A A A A A A A				

BAA

Form 990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee. (A) (B) (C) (D) (E) (F)													
(A)	(B)							(D)	(E)	(F)			
Name and Title	Average hours per week	or director	institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations			
RABBI DANIEL LOEW HEAD OF SCHOOL	40				Х			54,600.	0.	0.			
SEE ATTACHED LIST As Required	0							0.	0.	0.			
					!								
								·					

TEEA0107L 04/24/09

Part VII Section A. Officers, Directors, Trus													
(A)	(B) Average	Basi	t.o.o. /		c)	hat a	nnlu\	(D)	(E)		(F)		
Name and Title	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org an	stmated unt of other ippensation rom the janization id related anizations		
										<u> </u>			
										<u> </u>			
	-									ļ			
		_	_							<u> </u>			
		<u> </u>								54.600		-	
1b Total	I		.1			#10	<u> </u>	54,600.	0.	<u></u>			
 Total number of individuals (including those in 1a) vorganization ► 0 	wno rece	eive	u mo	ore	ınar	1 \$ 10	יט, טכ	oo in reportable d	ompensation from	uie			
	-										Yes N		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	ndıvıdua	ıl .								3			
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable han \$15	or 50,00	mpe 00?	nsa If 'Y	tion 'es'	and com	l oth plet	er compensation e Schedule J for s	from such	4			
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	atio I for	n fro	om a th pe	any erso	unre n	elate	ed organization for	services	5			
Section B. Independent Contractors			-1 4						h #100 000 -4				
 Complete this table for your five highest compensation from the organization 	tea inae	pen	aent	cor	ntra	ctors	ina	at received more t	nan \$100,000 or				
(A) Name and business addres	ss							Description		Çompe	C) ensation		
													
2 Total number of independent contractors (including	those in	n 1)	who	rec	eive	ed m	ore	than \$100,000 in			***************************************		
compensation from the organization ► 0													

Page 9

rai	ι ν,	th Statement of Ne	venue						
ui suins						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1 2	Federated campaigns		1a					
E E		, -							
¥ S		Membership dues		1 b	471 506				
S, G		Fundraising events		1 c	471,596.				
Ĕ위	d	Related organizations		1 d					
S,E	е	Government grants (contribution	ons)	1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included	grants, and above	1f	264,120.				
DO	g	Noncash contribus included in	ılns 1a-1f	\$					
8	h	Total. Add lines 1a-1f			▶	735,716.			
					Business Code				
E E	2 a	Tuition Revenue				1,207,570.	1,207,570.		
ای		PEP Income				30,250.	30,250.		
ᇤ			_ 	 -		51,550.	51,550.		
ž		Registration fees	_ _						
SE	d	Bus_fees	_ _	-		32,250.	32,250.		
¥	e	Other education re	venues			1,250.	1,250.		
8	f	All other program service	ce revenu	e [_					
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f		_	>	1,322,870.			
	3	Investment income (incother similar amounts)	luding div	ıdends,	interest and	1,748.			1,748.
	4	Income from investmen	t of tax-e	xempt t	ond proceeds 🟲				
	5	Royalties		•	▶				
	•		(i) R	eal	(II) Personal				
	6.	Gross Rents							
		Less rental expenses							
		Rental income or (loss).	L		L				
	d	Net rental income or (lo	oss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Secu	inties	(ii) Other				
	b	Less: cost or other basis and sales expenses			}				
	c	Gain or (loss)							
		Net gain or (loss)			•				
J.		Gross income from fund	draising e	vents					
ENC		(not including \$							
OTHER REVEN		of contributions reporte	d on line	IC).					
R		See Part IV, line 18		а					
Ħ	b	Less: direct expenses		b					
0	C	Net income or (loss) fro	om fundra	iising ev	vents 🟲				
	9 a	Gross income from gan See Part IV, line 19	ning activ	ities. a					
	b	Less: direct expenses		b					
		: Net income or (loss) fro	om gamin	a activi	ties ►				
		Gross sales of inventor and allowances	_	-					
			ابر	а ь					
		Less: cost of goods sol			L				1
		Net income or (loss) fro		or inver					
		Miscellaneous Reven			Business Code				1
	11 a								
	t	·		L					
	c	:_ 		L					
	c	All other revenue							
	e	Total. Add lines 11a-11	d	_	•				
		Total Revenue. Add lin		, 3, 4, 5	i, 6d, 7d, 8c, 9c, ▶	2.060.334	1,322,870.	0.	1,748.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		·			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	54,600.	54,600.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.1	0.
7	Other salaries and wages	986,361.	986,361.		
-	-	900,301.	300,301.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,424.	5,424.		
9	Other employee benefits				
10	Payroll taxes	67,220.	67,220.		
11	Fees for services (non-employees).				
a	Management				
	b Legal	7,089.		7,089.	
	Accounting	· · · · · · · · · · · · · · · · · · ·		,	
	Lobbying .				
	e Prof fundraising svcs See Part IV, In 17		_		
	Investment management fees				
	Other	2 (52			2 (52
	Advertising and promotion	3,652.		0.005	3,652.
13	Office expenses	9,095.		9,095.	
14	Information technology			· · - · · · ·	
15	Royalties				
16	Occupancy				
17	Travel	9,679.	9,679.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,319.	11,319.		
20	Interest	3,313.	3,313.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	25,946.	25,946.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
á	Scholarship / Awards	410,042.	410,042.		
ŀ	Transportation	86,245.	86,245.		
	Group Insurance	55,577.	55,577.		
	Consulting	44,000.	44,000.		
	Student activity expense	30,442.	30,442.		
	All other expenses	89,044.	72,279.	16,765.	
	Total functional expenses. Add lines 1 through 24f	1,899,048.	1,862,447.	32,949.	3,652.
	Joint Costs. Check here ► If following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA				· · · · · · · · · · · · · · · · · · ·	Form 990 (2008)

<u> Fa</u>	III	Datatice Street		(A)		(B) End of y					
				Beginning of year							
	1	Cash - non-interest-bearing		249,078.	1	20	3,2	213.			
	2	Savings and temporary cash investments			2						
	3	Pledges and grants receivable, net			3						
	4	Accounts receivable, net		238,059.	4	4	1,8	888.			
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	L .		5						
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))								
۸		and persons described in section 4958(c)(3)(B). Comp	olete Part II of Schedule L.		6						
ASSETS	7	Notes and loans receivable, net	ļ		7						
Ĕ	8	Inventories for sale or use	1		8						
Ś	9	Prepaid expenses and deferred charges			9						
	i	Land, buildings, and equipment: cost basis	10a 48,399.								
	b	Less accumulated depreciation Complete Part VI of									
		Schedule D	10ы 48,399.		10c						
	11	Investments - publicly-traded securities			11						
	12	Investments – other securities. See Part IV, line 11			12						
	13	Investments – program-related. See Part IV, line 11			13						
	14	Intangible assets			14						
	15	Other assets See Part IV, line 11		407 127	15	0.41	- 4	01			
	16	Total assets. Add lines 1 through 15 (must equal line	34)	487,137.	16			01.			
	17	Accounts payable and accrued expenses	}	133,407.	17	10	o, 6	<u> 10.</u>			
	18	Grants payable		16 000	18						
ı	19	Deferred revenue Tax-exempt bond liabilities		16,000.	19 20						
Ā	20										
L A B		21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees,									
Ļ	22	highest compensated employees, and disqualified per	stees, key employees, sons Complete Part II		22						
E		of Schedule L			23						
S	23	Secured mortgages and notes payable to unrelated the	iiro parties		24						
	24	Unsecured notes and loans payable Other liabilities. Complete Part X of Schedule D		359,011.	25	3.	2 0	84.			
	25 26	Total liabilities. Add lines 17 through 25.	·	508,418.	26			94.			
	26	Organizations that follow SFAS 117, check here ►	X and complete lines	300,410.	20	7.7	2, =	74.			
Ë		27 through 29 and lines 33 and 34.	and complete mics								
_	27	Unrestricted net assets		-90,668.	27	5.	3.5	16.			
ASSETS	1	Temporarily restricted net assets	İ		28						
Š	29	Permanently restricted net assets		69,387.	29	50	0.9	91.			
R		Organizations that do not follow SFAS 117, check he	re Pand complete								
		lines 30 through 34.									
FUZO	30	Capital stock or trust principal, or current funds		•	30						
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31						
BALAZCES	32	Retained earnings, endowment, accumulated income,			32						
Ñ	33	Total net assets or fund balances.		-21,281.	33	10	4,5	07.			
Š	34	Total liabilities and net assets/fund balances		487,137.	34	24	5,1	.01.			
Pε	ırt X	Financial Statements and Reporting									
		<u></u>				<u> Y</u>	es	No			
1	Ac	counting method used to prepare the Form 990: 🔲 C	ash X Accrual	Other							
2	a We	ere the organization's financial statements compiled or	reviewed by an independent a	accountant?		2a		Х			
		ere the organization's financial statements audited by a				2b	.	_X			
	rev	Yes' to 2a or 2b, does the organization have a committ riew, or compilation of its financial statements and sele	ction of an independent acco	untant?		2 c					
3	a As Au	a result of a federal award, was the organization requidit Act and OMB Circular A-133?	red to undergo an audit or au	idits as set forth in the	Single	3a		X			
	b If "	Yes,' did the organization undergo the required audit or	r audits?			3b					
BA	Α					Form 9	90	(2008)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public Inspection

	REW HIGH SCHOOI	. OF NEW ENGLA	ND TNC					1	155973			
Part			s (All organizations	must o	omple	te this	part.)					
			ise it is (Please check o									
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2	X A school described	in section 170(b)(1)(/	A)(ıi). (Attach Schedule I	E.)								
3	H											
4	A medical research	n organization operate	ed in conjunction with a h	iospital (describe	d in sec	tion 17	0(Ь)(1)(А	()(iii). Er	nter the ho	spital's	
_	name, city, and sta	ate: 									. 	
5	☐ 170(b)(1)(A)(iv). ((Complete Part II.)	of a college or university					nmenta	unit de	scribea in s	section	1
6 7	An organization that	local government or e at normally receives a XAXvi). (Complete P	governmental unit descri i substantial part of its su art II.)	bed in s ipport fr	ection i om a go	vernmei	(A)(V). ntal uni	t or from	the ger	neral public	descr	ıbed
8												
9	An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)											
10			exclusively to test for pu									
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete line:	a)(1) or	section	509(a)(2	ictions (2). See	of, or car section	rry out th 509(a)(3	he purpose 3). Check t	s of or he box	ne or that
	a Type I	b Type II		I – Fund					d	Type III-		
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	led dired upported	tly or in Lorgani	directly zations	by one describe	or more ed in sec	disqual ction 509	ified perso 9(a)(1) or s	ons oth section	er
f		received a written det	termination from the IRS	that is a	Type I	, Туре II	or Typ	e III sup	porting	organızatıo	n,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	57		
											Yes	No
	(i) a person who	o directly or indirectly everning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) i	and (III)	11g (i)		
	. •	nber of a person desc	• •							11g(II)		
			n described in (i) or (ii) a	bove?						11g (iii)		
h		-	the organizations the org		n suppo	rts.						
	(i) Name of Supported Organization	(u) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed	is the ion in col in your rning ' ment?	(v) Did y the organ col your su	nzation in (i) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amoui	nt of Sup	port
				Yes	No	Yes	No	Yes	No			
-												
				ļ			<u> </u>					
					_		-				-	
							 					
Total												

	dule A (Form 990 or 990 EZ) 200					06-1455973	
Par	t II Support Schedule for	•			(b)(1)(A)(iv) ar	nd 170(b)(1)(A)((vi)
<u></u>	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t I)	···-		
	tion A. Public Support					T1	
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			-			
6	Public support. Subtract line 5 from line 4					-	
Sec	tion B. Total Support		1-11-11-11-11-11-11-11-11-11-11-11-11-1			 	
	ndar year (or fiscal year nning ın) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
Sec	tion C. Computation of Pu	ıblic Support	Percentage				
14 15	Public support percentage for 20 Public support percentage for 20	•	• •			14 15	% %
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check the boolicly supported o	ox on line 13, and rganization.	d the line 14 is 33	3-1/3 % or more, cl	neck this box
ŧ	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	I not check a box blicly supported o	on line 13, or 16: rganization.	a, and line 15 is 3	33-1/3% or more, o	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop he	re. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organi	s' test, check this zation qualifies a	s box and stop he s a publicly suppo	re. Explain in Part orted organization.	IV how the ▶
18 BAA	Private foundation. If the organi	ization did not che	eck a box on line,	13, 16a, 16b, 17			structions
DMA					3	wicaule A (FUIII) 9	つい いこうさい・レムエムせい

Schedule A (Form 990 or 990 EZ) 2008 HEBREW HIGH SCHOOL OF NEW ENGLAND, INC Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			12-30-7			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support						<u> </u>
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
t	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add ths 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20)	15	
	Public support percentage from tion D. Computation of Inv					16	%
					ımn (fl)	17	%
17						18	
18 19a	Investment income percentage f a 33-1/3 support tests — 2008. If the	he organization d	id not check the t	oox on line 14, a	nd line 15 is more	than 33-1/3%, and	
	more than 33-1/3%, check this b 33-1/3 support tests – 2007. If the is not more than 33-1/3%, check	oox and stop here he organization d	 The organization Id not check a bo 	n qualifies as a p x on line 14 or 19	ublicly supported Pa. and line 16 is i	organization more than 33-1/3%,	-
20	Private foundation. If the organi						▶ -

Schedule A	(Form 990 or 9	990-EZ <u>)</u> 2008	HEBREW	HIGH	SCHOOL	OF N	EW EI	NGLAND,	INC	06-1455973 Jired by Part II, nation. (see inst	Page 4
Part IV	Supplemen	tal Informat	ion. Comp	lete th	ıs part t	o provid	de the	explana	tion reqi	uired by Part II,	line 10;
	Part II, line	17a or 17b;	or Part III	, line 1	12. Prov	ide any	other	addition	al inform	nation. (see inst	ructions)
						-				. 	
										. 	
								· 			
							-				
						- -					
		- 									
											.
_ -								<u>_</u>		 _	
- -	- 			_			. – –	 _			
							. -				
				-		- 					
	-		-						- -		
								· -			
		. 	- 							. 	
	- -	. _	- -			- -		- -	 _	. _	
	- 							· – – – –			
								-			
			-								
		. – – – – – – –	-	-						. - -	
			_				_ _				
		. 						-			
							. -				
	-		-				-				
								-			
				- -		- -					
										 -	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization			Employer Identification number
HEBREW HIGH SCHOOL OF NEW ENGLAN	D, INC		06-1455973
Part I Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Similar Fur o Form 990, Part IV, line 6.	nds or Acco	ounts Complete if
	(a) Donor advised funds	(b) F	unds and other accounts
1 Total number at end of year			
2 Aggregate contributions to (during year)			
3 Aggregate grants from (during year)			
4 Aggregate value at end of year			
5 Did the organization inform all donors and dor funds are the organization's property, subject		lonor advised	Yes No
6 Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ids may be ner	Yes No
Part Conservation Easements Compl	ete if the organization answered 'Yes	to Form 9	90, Part IV, line 7.
1 Purpose(s) of conservation easements held by	y the organization (check all that apply)		
Preservation of land for public use (e.g., r	ecreation or pleasure)	of an historica	ally important land area
Protection of natural habitat	Preservation	of certified his	storic structure
Preservation of open space			
2 Complete lines 2a-2d if the organization held	a qualified conservation contribution in the forr	n of a conserv	vation easement on the last day
of the tax year		1 1	Held at the End of the Year
a Total number of conservation easements		2a	Held at the End of the Year
b Total acreage restricted by conservation ease	mente	2b	
c Number of conservation easements on a certi		2c	
d Number of conservation easements included i	` '	2d	
3 Number of conservation easements modified,		L	nanization during the taxable
year ►	adiloronod, forbassa, oxinigalened, or terrimo		,andanan dannig the tandare
4 Number of states where property subject to co		_	
5 Does the organization have a written policy re enforcement of the conservation easement it	holds?		Yes No
6 Staff or volunteer hours devoted to monitoring			
7 Amount of expenses incurred in monitoring, in	nspecting, and enforcing easements during the	year ► \$	
8 Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection	Yes No
9 In Part XIV, describe how the organization reprinciple, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue ar to the organization's financial statements that	nd expense sta describes the	atement, and balance sheet, and organization's accounting for
Part III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, of wered 'Yes' to Form 990, Part IV, line	r Other Sim 8.	ilar Assets
1 a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in further	nent and balar ance of public	nce sheet works of art, historical service, provide, in Part XIV,
amounts relating to these items	lic exhibition, education, or research in further	nent and balar ance of public	nce sheet works of art, historical service, provide the following
(i) Revenues included in Form 990, Part VIII,	line 1		► \$
(ii) Assets included in Form 990, Part X	•		►\$
2 If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	for financial g	
a Revenues included in Form 990, Part VIII, line			►\$ ►\$
b Assets included in Form 990, Part X			▶ \$

Schedule D (Form 990) 2008 HEBRE	EW HIGH SCH	OOL OF NEW EN	GLAND, INC	06-145	
Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, o	r Other Similar As	sets (continued)
Using the organization's accession that apply):	on and other reco	ords, check any of the	e following that are a si	gnificant use of its colle	ection items (check all
a Public exhibition		d Loan d	r exchange programs		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV.					e in
5 During the year, did the organiza assets to be sold to raise funds r					Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arran an amount or	gements Comple n Form 990, Part	ete if organization a X, line 21.	answered 'Yes' to F	orm 990, Part
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	or other intermediary	for contributions or oth	er assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follows	ng table:		
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a	amount on Form	990, Part X, line 21?		Į	Yes No
b If 'Yes,' explain the arrangement	in Part XIV				
Part V Endowment Funds Co	mplete if org	<u>anızatıon answer</u>	ed 'Yes' to Form 9	<u>90, Part IV, line 10</u>	·
	(a) Current yea	r (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Investment earnings or losses					<u> </u>
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance	L				<u> </u>
2 Provide the estimated percentag	e of the year end	d balance held as			
a Board designated or quasi-endo	wment >				
b Permanent endowment ▶	%				
c Term endowment ►	%				
3a Are there endowment funds not organization by:	in the possession	n of the organization	that are held and admi	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related	organizations list	ted as required on So	hedule R?	•	3b
4 Describe in Part XIV the intende					
Part VI Investments-Land, E	Buildings, and	d Equipment. Se	e Form 990, Part 🗵	(, line 10.	
Description of investmen	t (a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land .			1,500,000.) 1	1,500,000.
b Buildings				/	
c Leasehold improvements					
d Equipment			42,297.	42,297.	0.
e Other			6,102.	6,102.	0.
Total. Add lines 1a-1e (Column (d) sh	ould equal Form	990, Part X, column	(B), line 10(c))	<u>.</u> <u> </u>	1,500,000.
BAA				Sched	dule D (Form 990) 2008

Schedule D (Form 990) 2008 HEBREW HIGH SCHOOL	L OF NEW ENGLAN	D, INC	06-1455973	Page 3
Part VII Investments-Other Securities See F	orm 990, Part X, III	ne 12.	N/A	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value)
Financial derivatives and other financial products				
Closely-held equity interests .				
Other				_
				
		<u> </u>		
				
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.)	Corres 000 Dort V I	12\	NI / 7	
Part VIII Investments—Program Related (See		1110 13)	N/A	
(a) Description of investment type	(b) Book value		(c) Method of valuation Cost or end-of-year market value	•
		,		
	<u> </u>			
			······································	,
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)	1. 15) 17/3	<u> </u>		
Part IX Other Assets (See Form 990, Part X,			0.15	Da ale coale ca
(a) De	escription		(0)	Book value
				
				
	· · · · · · · · · · · · · · · · · · ·			
Total. Column (b) Total (should equal Form 990, Part X, co	ol (B), line 15)		>	
Part X Other Liabilities (See Form 990, Part			-	
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
Line of Credit	33,98	34.		
N/P - Land	1,500,00	00.		
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	► 1,533,98			
In Part XIV, provide the text of the footnote to the organization	ation's financial stateme	ents that repo	rts the organization's liability for u	ncertain tax

Sch	edule D (Form 990) 2008 HEBREW HIGH SCHOOL OF NEW ENGLAND, INC	06-14	<u>55973</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stat	ements	N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	•		
2	Total expenses (Form 990, Part IX, column (A), line 25)	•		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses.			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
-	Total adjustments (net). Add lines 4-8			
9	, · · · · ·			
10		nuo nor Botu	rn N/A	
	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve	ilue pei Ketui	II N/A	
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	 	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments			
١	b Donated services and use of facilities 2b			
,	c Recoveries of prior year grants			
	d Other (Describe in Part XIV)			
,	e Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)			
	c Add lines 4a and 4b	40		
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		N/A	
		1	T	
	Total expenses and losses per audited financial statements.		 	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities			
	b Prior year adjustments			
	c Losses reported on Form 990, Part IX, line 25		-	
	d Other (Describe in Part XIV)			
	e Add lines 2a through 2d	. 26	<u> </u>	
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)		1	
	c Add lines 4a and 4b	40	:	
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5		
	rt XIV Supplemental Information	,	<u> </u>	
Com line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	d 4; Part IV, line:	s 1b and 2b;	Part V,
BA	TEEA3304L 12/23/08	Sch	edule D (Forr	n 990) 2008

Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
	<u>-</u>
	_
	-

SCHEDULE E (Form 990 or 990-EZ)

Schools

► To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545 0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HEBREW HIGH SCHOOL OF NEW ENGLAND, INC

Employer identification number 06-1455973

			YES	NO
1	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?	1	Х	
2	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?	2	Х	
3	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 had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain THE SCHOOL PUBLISHES ITS RACIALLY NONDISCRIMINATORY POLICY IN A NEWSPAPER	3	Х	
	ADVERTISEMENT ON AN ANNUAL BASIS.			
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered 'No,' to any of the above, please explain. (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to:			
á	a Students' rights or privileges?	5 a		Х
1	a Admissions policies?	5b		Х
•	Employment of faculty or administrative staff?	5 c		Х
•	d Scholarships or other financial assistance?	5 d		Х
•	Educational policies? .	5 e		Х
1	f Use of facilities?	5 f	i i	X
ę	g Athletic programs?	5g		Х
ŀ	n Other extracurricular activities? If you answered 'Yes,' to any of the above, please explain (If you need more space, attach a separate statement)	5h		Х
6:	a Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
	b Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement.	7,5		
7	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.	7	Х	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization						Employer identifica	tion number	
HEBREW HIGH SCHOOL OF NEW ENGLAND, INC					06-1455973			
Part Fundraising Activities			anızatıor	answered 'Yes' to	Form			
1 Indicate whether the organization Mail solicitations Email solicitations Phone solicitations	raised funds thi	ough any	of the foll	owing activities. Check Solicitation of non- Solicitation of gove Special fundraising	governm rnment	nent grants		
In-person solicitations								
2a Did the organization have written employees listed in Form 990, Pa	art VII) or entity i	n connect	íon with p	rofessional fundraising	services	i?	∐ Yes	XNo
b If 'Yes,' list the ten highest paid if compensated at least \$5,000 by	ndividuals or ent	tities (func Form 990	lraisers) p iF7 filers :	ursuant to agreements are not required to comi	under w plete thi	hich the fundra s table	iser is to be	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd	fundraiser ly or control	(iv) Gross receipts	(v) Ar (or i	nount paid to retained by) aiser listed in col (i)	(vi) Amount p (or retained organizatio	by)
		Yes	No					
	-							
	1							
							_	
		ļ <u> </u>				_		
		ļ						
								
					1			
		<u> </u>					<u></u>	
Total			>					0.
	 							<u>·</u>
List all states in which the organi or licensing.	zation is registe	red or lice	nsed to so	olicit funds or has been	notified	it is exempt fro	m registration	
or mooremig.								
					- 			
								
								
					- -			. – – –
					- -			-
						-		
								.
							- -	

		G (Form 990 or 990-EZ) 2008 HEBREW					Page 2
Par	† II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at	nswered 'Yes' to Fo	orm 990, Part IV, II	ne 18, or	r \$5,000
		reported more than \$13,000 on 1	(a) Event #1	(b) Event #2	(c) Other Events	(d) Tot (Add col	tal Events (a) through
R			(event type)	(event type)	(total number)	co	l. (c))
REVENUE	1	Gross receipts					
Ě	2	Less: Charitable contributions					
	3	Gross revenue (line 1 minus line 2)					
•	4	Cash prizes.					
D-RECT	5	Non-cash prizes					-
	6	Rent/facility costs					
EXPESSES	7	Other direct expenses			-		
E S		Direct expense summary Add lines 4- tl Net income summary Combine lines 3 a			•		
Par		Gaming. Complete if the organization	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	oorted m	ore than
		\$15,000 on Form 990-EZ, line 6a	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Tot	al gaming
RE>EZUE			(a) Billigo	bingo/progressive bingo	(c) Other garming	(Add col.	al gaming (a) through I. (c))
Ü E	1	Gross revenue					
E	2	Cash prizes.					
DIRECT	3	Non-cash prizes			 		· · ·
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor .	Yes% No	Yes% No	Yes%		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•		
	8	Net gaming income summary Combine I	ines 1 and 7 in column	(d)	>		
۵	Ente	er the state(s) in which the organization of	poratos gaming activitio	e.		F	YES NO
9 a		ne organization licensed to operate gamin				92	a
b	If 'N	lo,' Explain					
			·			-	
		e any of the organization's gaming license es,' Explain:	s revoked, suspended	or terminated during the	e tax year?	10 a	<u>a</u>
11	 	s the organization operate gaming activities	es with nonmembers?				
	ls th	ne organization a grantor, beneficiary or tr		mber of a partnership o	or other entity formed to	,	
BAA	adm	unister charitable gaming?	TEF A 37021 0		Schedule G (Fo	12	990.FZ) 200

Page 2

Schedule G (Form 990 or 990-EZ) 2008 HEBI	REW HIGH SCHOOL OF NEW ENGLAND,	INC 06-14559	73	Р	'age 3
				YES	NO
13 Indicate the percentage of gaming activit	y operated in				Į
a The organization's facility	,	13a %	— t 1		
b An outside facility		13b %	⊣ i i		
14 Provide the name and address of the per	son who prepares the organization's gaming/spec	cial events books and records	s.		ĺ
Name: ►					
15a Does the organization have a contact wit	h a third party from whom the organization receiv	ves gaming revenue?	15a		
	nue received by the organization \$	and the amount			
of gaming revenue retained by the third	party \$				
c If 'Yes,' enter name and address:					
Name •					
Address •					
16 Gaming manager information					
Name· ▶					
Gaming manager compensation ► \$					
Description of services provided					
Director/officer Emp	loyee Independent contract	tor			
17 Mandatory distributions					
a Is the organization required under state state gaming license?	aw to make charitable distributions from the gam	ing proceeds to retain the	17a		
b Enter the amount of distributions require	d under state law distributed to other exempt orga	anizations or spent in the			
organization's own exempt activities duri	ng the tax year: ►\$	**			
BAA	TEEA3703L 07/18/08	Schedule G (Form 9	990 or 9	90-EZ) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number 06-1455973 HEBREW HIGH SCHOOL OF NEW ENGLAND, INC Form 990, Part III, Line 1 - Organization Mission THE PURPOSE OF THE HEBREW HIGH SCHOOL OF NEW ENGLAND, INC (HHNE) IS TO PROVIDE HIGH SCHOOL JEWISH RELIGIOUS INSTRUCTION ACCORDING TO ORTHODOX JEWISH RELIGIOUS AUTHORITIES AND AN ACCREDITED SECONDARY SECULAR EDUCATION. THE HHNE IS SUPPORTED PRIMARILY THROUGH CONTRIBUTIONS FROM DONORS AND TUITION PAID BY STUDENTS. Form 990, Part VI, Line 10 - Form 990 Review Process No review was or will be conducted.

2008	Federal Worksheets	Page 1	
Client HHS973	HEBREW HIGH SCHOOL OF NEW ENGLAND, INC	06-145597	
Reconciliation of Cl	nange in Net Assets	-	
Total Revenue Total Expenses Excess or Defici	t for the Year per Form 990	\$ 2,060,334. 1,899,048. 161,286.	
Excess or Defici	t for the Year per Financial Statements	<u>161,286.</u>	

Form 990, Part IX, Line 24 Other Expenses

	(A)	(B)	(C)	(D)
_	Total	Program Services	Management <u>& General</u>	<u>Fundraising</u>
Bank / credit card charges	2,711.	2,711.		
Breakfast	3,473.	3,473.		
Building repair & maintenance	11,062.		11,062.	
Computer Expenses	12,141.	12,141.		
Consulting	44,000.	44,000.		
Development expense	1,018.	1,018.		
Dues & subscriptions	869.	869.		
Education expenses	12,633.	12,633.		
Equipment rental & maintenance	_5,198.	5,198.		
Group Insurance	55,577.	55,577.		
Mıscellaneous	588.	588.		
Payroll Service	2,948.	2,948.		
Postage and Shipping	3,637.		3,637.	
Printing and Publications	582.	582.		
Recruitment Expense	3,056.	3,056.		
Rubbish Removal	2,066.		2,066.	
Scholarship / Awards	410,042.	410,042.		
Software expense	3,501.	3,501.		
Student activity expense	30,442.	30,442.		
Telephone	274.	274.		
Transportation	86,245.	86,245.		
Utilities	23,287.	23,287.		
Total <u>\$</u>	715,350. \$	698,585.	\$ 16,765.	<u>\$ 0.</u>

Hebrew High School of New England	
200 -2009 Board of Directors	

	Executive Con	nmittee	
Pava, Ann Baidack	258 Washington Boulevard	413-746-5266	Home
Chairperson of the Board	Springfield, MA 01108	413-736-4121	Fax
		413-478-3781	Cell
		860-669-9781	Beach
		ABPAVA@AOL.COM	e-mail
Zablotsky, M.D., Ted	44 Miamis Road	860-232-4011	Home
President	West Hartford, CT 06117	860-674-9881	Work
		860-777-5155	Cell
		tedzmd@mac.com	e-mail
		0.00.000	
Black, Michael	45 Pilgrim Road	860-523-0020	Home
Treasurer	West Hartford, CT 06117	860-232-7368	Work
Vice-President		413-537-0123	Cell
		860-232-0839	Fax
		usaveautorent@aol.com	e-mail
Wittenberg, Gene	36 Whetton Road	860-232-2320	Home
Vice-President	West Hartford, CT 06117	860-233-2666	Work
		860-690-7286	Cell
		lrigw@aol.com	e-mail
7.land Datam	60 Curtis Drive	203-387-9666	Home
Zalesch, Barbara Secretary		203-387-9666 203-387-2522 x 250	Work
	New Haven, CT 06515	203-387-2322 x 230 203-397-1162	Fax
		barbzal918@aol.com	e-mail
			-
Adler, Rabbi Yitzchok	8 Cumberland Road	860-236-7966	Home
Judaic Studies Board Chair	West Hartford, CT 06119	860-236-1241	Work
		860-232-8272	Fax
		Rabbiy@comcast.net	e-mail
Kadden, Renana	27 West Ridge Drive	860-236-2200	Home
General Studies Board Chair	West Hartford, CT 06117	kadden@psychiatry.uchc.edu	e-mail
Till illing in the state of the state of		— • 35 °• = ° — — — — • • • • • • • • • • • • • • •	1.5
Ulreich, M.D., Sid	24 Farmstead Lane	860-523-4318	Home
General Campaign Chair	West Hartford, CT 06117	860-224-6222	Work
		860-233-4211	Fax
		860-224-5556	Hospital
		sulreich@pol.net	e-mail
Zwang, Moshe	11 Tecumseh Road	860-233-4633	Home
Smarie, mosile	West Hartford, CT 06117	1000 233 1033	