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Fori **390**

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

Department of the Treasury Internal Revenue Service

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

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ments	Οp	ento Public Inspection
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D Employe	r Iden	tification Number
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E Telephon		
(215) 8	30-1119
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Prior Year		Current Year
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287,40	58.	208,072.
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OMB No 1545-0047

									MARIE INFORMATION ACT IN LINE ACEN
	For the	2009 calend	lar year, o	or tax year beginning	,2	009, and end	ling		
В	Check if a	pplicable		C Name of organization				D Employer Ide	entification Number
	Addr	ess change	Please use IRS label	THE SCHECHTER INSTITU	TES INC. C/O THE EHL CO	ONSULTING G	ROUP, INC.	22-334	2043
	Nam	e change	or print or type.		box if mail is not delivered to stre		n/suite	E Telephone n	umber
		1 return	See specific	2300 COMPUTER A	VR	SII	ITE D-18	(215)	830-1119
	\vdash	nination	Instruc-	City, town or country		State ZIP code		- (5 23/	
	\vdash		tions						
	=	nded return	F	WILLOW GROVE		PA 1909		a group return for	ts \$ 5,326,872.
	Appl	ication pending		and address of principal officer			110	affiliates included	, F I''' FI'''
-				rulwich 2300 Computer				attach a list (see	
<u> </u>		xempt status		I(c) (3)	o) 4947(a)(1) o	r 527	4		
<u>1</u>	Webs	ite: ► N/.					H(c) Group	exemption numbe	
K			X Corpora	ation Trust Associati	on Other >	L Year of Forn	nation 199	5 M State	of legal domicile PA
Pa	rt(l%	Summa	iry						
	1 B	riefly describ	e the org	ganization's mission or mo	st significant activities:	ASSIST	IN EDUC	ATIONAL	PROGRAMS
ė				was formed to h					sh world
Activities & Governance		ecure_i	n its	Jewish roots an	d strong in its	democra	atic_va	Lues.	
ern	_						- - -		
λοκ		heck this bo		if the organization discont		isposed of m	ore than 25	· · · ·	
8				bers of the governing body		• • • •		3	
es				t voting members of the g	overning body (Part VI, II	ne Ib)		4	
Ϋ́				yees (Part V, line 2a)				5	
Acti				eers (estimate if necessar		2		6	
•		•		ousiness revenue from Par	, ,,	2		7	a 0.
	D IV	et unrelateu	business	taxable income from Forr	n 990-1, line 34				-
3							<u> </u>	rior Year	Current Year
				its (Part VIII, line 1h)			5	,355,167	5,304,672.
				ue (Part VIII, line 2g)				25 224	21 000
Z Rev				art VIII, column (A). lines 3			ļ	35,334	
	11 C	other revenue	(Part-VI	中间 师 (4) / [用 ⑤ 5, 6d,	8c, 9c, 10c, and 11e)	l 12\		300 F01	1,171.
UE.C				nes 8 through 11 (must be		, line 12)		,390,501	
ವ	13 G	irants and si	milar amo	ounts paid (Bart,IX, colum	n (A), lines 1-3)			,393,503	5,127,000.
6 1	14 B	enetits paid	to ortior	members (Part IX, column	(A), line 4)		<u> </u>		
ညို စွ				nsation, employee benefits		nes 5-10)	ļ		
Z ě	16a P	rofessional f	undraisin	no fees (Parti) K, column (A	(), line 11e)				
₹ ¥	Ь⊺	otal fundrais	ıng exper	nses (Part IX, column (D),	line 25) >	0	<u>.</u>		
SCANNED Expenses	17 C	ther expense	es (Part I	IX, column (A), lines 11a-1	11d, 11f-24f)			287,468	. 208,072.
B	1			nes 13-17 (must equal Par	•)	5	,680,971	
				s Subtract line 18 from lin		•		-290,470	
± 8							Posi	nning of Year	
and a	20 T	otal assets (Part Y III	ne 16)				.,314,761	
A Bal		otal liabilities	•	,			-	,,,,,,,,,,	1,331,003.
Net Assets or Fund Balance			•	•			<u>-</u>		
	<u>22 </u>	Signatu		ances Subtract line 21 fro	m line 20			.,314,761	1,351,003.
1 0	ilje il ,								
		Under penalifé: true, correct, a	s of perjury, nd complete	I declare that have examined the Declaration of preparer (other in	s return, including accompanying an officer) is based on all inform	schedules and : ation of which pr	statements, and eparer has any	to the best of my knowledge	knowledge and belief, it is
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May	the IR	S discuss thi	s return v	with the preparer shown at	oove? (see instructions)				X Yes No
				work Reduction Act Notice		ructions		TEFA0101 07	/20/09 Form 990 (2009)

		2-3342043	Page 2
	於川級 Statement of Program Service Accomplishments		
٠,١	Briefly describe the organization's mission		
	ASSIST IN EDUCATIONAL PROGRAMS		
	The Institute was formed to help fashion an Israel society and Jewi	sh world	
	secure in its Jewish roots and strong in its democratic values.		- -
2	Did the organization undertake any significant program services during the year which were not listed on the price		- ,
	Form 990 or 990-EZ?	∐ Yes ∑	<u>C</u>] No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∐ Yes 2	<u>C</u>] No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca	enses Section 501(c))(3) tal
	expenses, and revenue, if any, for each program service reported.	nons to others, the to	iui
_			
	(O-d)		
4 a	(Code) (Expenses \$ 5,129,771. including grants of \$ 5,127,000.) (Rever	iue \$	<u> </u>
	GRANTS AND AWARDS FOR THE BENEFIT OF EDUCATIONAL PROGRAMS		
			
4 b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
			- -
			
40	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
		·	
			-
		 	
		 	
			
4 d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,129,771.		

			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	x	
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 II	4		х
5	Section 501(c)(4), 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 similar funds or 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		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	İ		
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			}
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	_
127	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X		ł	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		x
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
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	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18_		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
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_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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
	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	 	Х
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		х
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		x
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	x	
BAA		Forn	1 990	(2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No	Form 990 (2009) THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC.	22-3342043	Р	age 5
Ves No Information Returns Entirer -0- of not applicable Section 1996, Annual Summary and Transmittal of U.S. 1a				
Information Returns Enter -0: If not applicable be Enter the number of Forms W-23 included in line 1s Enter -0: If not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 2 including with a return of the payment of the calledar year ending with a return of the payment of the calledar year ending with a return of the sum of lines 1a and 2a is greater than 250, you may be required to e-fife this return (see instructions) 3 in the organization and inerties the part owered by this return. 2 bill Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 4 at 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; when the calledar year, did the organization have an interest in, or a signature or other authority over, a financial Accounts 5 if Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 4 at At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial Accounts 5 if Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 5 a Was the organization a party to a prohibited tax sheller transaction? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any confributions that were not tax deductible? 5 bill Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 5 bill Yes', did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall may receive deductible contributions under se			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (ambing) winnings to prize winners? 2 a first the number of employees proded on form W-3, Transmital of Wage and Tax Statements, field for the cateridar year ending with or within the year covered by this return. 2 bif at least one is reported on form on line 2d, ido the organization file all required federal employment tax returns? 2 bif or the sum of lines I a and 2 as greater than 250, you may be required to e-file this return? 3 bif Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4 At any time during the cateridar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction or any time during the tax shelter transaction? 5 a Was the organization a party to a prohibited tax shelter transaction or solicit any contributions that were not tax deductible? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5 a Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the deductible? 5 a Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the deductible? 6 a Vi If Yes, indicate the number of forms 8282 filed during the year. 7 a Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization with every solicitation an express statement that such contributions or gifts were not deductible? 7 b If Yes, indicate the number of forms 8282 filed during the year. 9 b If Yes, indicate the nu	1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		·	
(gambling) winnings to prize winners? 2 a Either the number of employees propried in Form W. 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 bit at least one is reported on fining 2d, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 a) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes" has it filed a Form 990-T for this year? If No, "provide an explanation in Schedule O 4 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)? 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 5 a Was the organization aparty to a prohibited tax sheller transaction? 5 a Was the organization party to a prohibited tax sheller transaction? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization necessity and the organization and partly for goods and services provided to the payor? b if "Yes," indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d if "Yes," indicate the number of Forms 8282 filed	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
2a fatt the number of employees recorted in Form W.3. Trassmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 businesses gross income of \$1,000 or more during the year covered by this return? 3b If Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 a Was the organization a party to a prohibited tax shelter transaction or financial Accounts 5 a Was the organization aparty to a prohibited tax shelter transaction? 5 b Was the organization aparty to a prohibited tax shelter transaction? 5 b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Does the organization that were not tax deductible? 6 a Does the organization that were not tax deductible? 6 a Did the organization that were not tax deductible? 7 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 b If Yes', indicate the number of Forms 8282 filed during the year of the organization self, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282 and the organization self, exchange, or otherwise dispose of fangible personal property for which it was required? 7 b Did the organization self, exchang	c Did the organization comply with backup withholding rules for reportable payments to vendors and rej (gambling) winnings to prize winners?	portable gaming	×	-
2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If Yes has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If Yes, did the organization notify the donor of the value of the goods or services provided? 5 b If Yes, indicate the number of Forms 8282 filed during the year 6 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b If the did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 For all contributions of qualified intellectual property, did the organization have are required? 8 Sponsoring organizations maintaining donor advised funds and se	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			
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? b if 'Yes' has if filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0 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)? 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 Was the organization a party to a prohibited tax shelter transaction? 5if 'Yes', it one 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arily confributions that were not 1ax deductible? 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b if 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b If off the payor? 7c If the formation of organization off the payor off target provided to the payor? 7b If 'Yes,' did the organization off provided provided to the payor of provided to the payor? 7c If the organization off provided provided provided the organization of the supporting organization, or a donor advised full maintained by a sponsoring organization, have		ırns? 2b	j	-
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8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9 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 10 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				
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9 b X 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 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	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce	ess business		X
a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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				
b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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		9a		X
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 10 b 10 c 10	•	 - 		-
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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	10 Section 501(c)(7) organizations. Enter			
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	a Initiation fees and capital contributions included on Part VIII, line 12			
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	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against	11 Section 501(c)(12) organizations. Enter			
b Gross income from other sources (Do not net amounts due or paid to other sources against	a Gross income from other members or shareholders			
amounts due or received from them)	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?		041? 12a		
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sec	tion A.	Governing	Body and	Manage	ment													
											1 .	ł., .			_	4	Yes	No
		number of votir	•	•		-					<u> </u>	a 14					ł	
b	Enter the	number of votir	ng members	that are in	dependent	t					1	b 14						
2	Did any o officer, d	officer, director, irector, trustee o	trustee, or ke or key employ	ey employe /ee?	ee have a f	famıl	y relatio	onship c	or a bus	siness	relation	ship	with ar	ny other		2		<u>x</u>
3	Did the o	rganization dele s, directors or tr	egate control rustees, or ke	over mana y employe	agement du es to a ma	uties anage	customa ement c	arıly pe compan	rformed y or oth	d by or her per	under son?	the d	rect su	pervisio	n L	3		x
4	Did the o	rganization mak	ke any signific	cant chang	ges to its oi	rgani	ızatıona	l docum	nents							4		Х
	since the	prior Form 990	was filed?													- 1		
5	Did the o	rganization beco	ome aware d	uring the y	ear of a m	nateri	al diver	sion of	the org	janızatı	on's as	sets?	1			5		<u>x</u>
6	Does the	organization ha	ave members	or stockho	olders?										<u> </u>	6		X
7 a	Does the	organization ha g body?	ave members	, stockholo	ders, or oth	ner pe	ersons v	who ma	y elect	one or	more	meml	oers of	the		7 a	_	х
t	Are any	decisions of the	governing bo	dy subject	t to approva	al by	membe	ers, sto	ckholde	ers, or	other p	erson	ıs?		_	7b		<u> </u>
8	Did the o	rganization cont	temporaneou	sly docum	ent the me	eting	gs held o	or writte	en actio	ons und	lertakei	n duri	ng the	year by				
a	The gove	rning body?														8 a	х	
t	Each cor	nmittee with aut	thority to act	on behalf o	of the gove	erning	g body?									8ь	x	
9	is there a	any officer, direction's mailing ad	ctor or trustee	e, or key e	mployee lis	sted i	ın Part \	VII, Sec	ction A, Schedi	who c ule O	annot t	oe rea	iched a	at the		9		x
Sec			This Secti								ot req	uire	d by t	he Inte	rnal			
Reve	enue Code	•)	•		•													
																	Yes	No
10 a	Does the	organization ha	ave local chap	oters, bran	iches, or at	ffiliat	tes?								_1	0 a		X
t	If 'Yes,' o and bran	does the organiz ches to ensure t	ration have w their operatio	ritten polic ns are cor	cies and pro nsistent wit	oced th the	lures go ose of th	verning ne orgai	the ac	tivities 1?	of sucl	h cha	pters,	affiliates,	1	0ь		
11	Has the	organization pro	vided a copy	of this Fo	rm 990 to a	all m	embers	of its g	jovernir	ng body	/ before	e filin	g the fo	orm?	_1	1		x
11 /	A Describe	ın Schedule O t	the process,	ıf any, use	d by the or	rganı	ization t	o reviev	w this F	orm 99	90				<u> </u>			
12 a	Does the	organization ha	ave a written	conflict of	interest po	olicy?	If 'No,'	go to l	ine 13							2 a	X	
t	Are office to conflic	ers, directors or ts?	trustees, and	d key empl	loyees requ	uıred	to discl	lose anı	nually ı	nterest	s that o	could	give ri	se	1	2ь	x	
•	Does the	organization re O how this is d	gularly and c done	onsistently	y monitor a	and e	enforce o	complia	ince wit	th the p	oolicy?	If 'Ye	s,' des	cribe in	1	2 c	х	
13	Does the	organization ha	ave a written	whistleblo	wer policy?	7									1	3		x
14	Does the	organization ha	ave a written	document	retention a	and d	destructi	ion polic	су?						_	4		х
15	Did the p persons,	rocess for deter comparability d	rmining comp lata, and con	ensation d temporane	of the follow yous substa	wing antiat	persons tion of t	s include he delib	e a rev	iew and d	d appro	oval b	y indej	pendent	.g		ر آن معلق ما	10 to
á	The orga	nization's CEO,	Executive D	rector, or	top manag	jemei	nt officia	al								5a		X
t	Other off	icers of key emp	ployees of the	e organiza	tion										_1	5 b		x
	If 'Yes' to	o line 15a or 15b	o, describe th	e process	ın Schedul	le O	(See in	nstructio	ons)							- }		}
16 a		rganization inve	est in, contrib	ute assets	to, or part	ticipa	ate in a j	joint ve	nture o	r sımıla	ar arrar	ngem	ent wit	h a taxat		6a		х_
t	in joint v	nas the organiza enture arrangen th respect to suc	nents under a	pplicable	policy or pr federal tax	roced law,	dure req , and tal	quiring t ken ste _l	the orga ps to sa	anızatıd afegual	on to ev	valuat organ	e its p ization	articipati 's exemp	t l	6b		
Sec	tion C.	Disclosure	s															
17	List the s	states with which	a copy of th	is Form 9	90 is requir	red to	o be file	ed ► 1	New 3	Jerse	Y		- - -		- - -	_ _		
18	Section 6	5104 requires an Indicate how	_			_	_), 990,	and 99	90-T ((501(c)	(3)s only) avaıla	ble	for pu	iblic
	∐ Own	website	☐ Anoth	er's websit	te	X	Upon	reques	st									
19	Describe statemer	in Schedule O v its available to t	whether (and the public	If so, how) the orgar	nızatı	ion mak	es its g	overnir	ng doci	uments	, cont	flict of	interest p	oolicy, a	nd t	inand	al
20	State the	name, physical	l address, an	d telephor	ne number	of th	e perso	n who p	oossess	ses the	books	and i	ecords	of the o	rganiza	tion		
١	тне вн	L CONSULTIN	IG GROUP	2300 СОМРО	TER AVE, SU	TIE I	<u>0-18 _ W</u>	VILTO	w GRC	OVE,	<u>PA</u>	_19	090		_(215)_8	30-	1119

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours		tion		k all I	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi di Fuscee or director	anshituhossai trustee	Officer	Key employee	High est מוחדירושאלים פיתוטושאפים	Folonei	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ROBERT S. RIFKIND										
CHAIRMAN	10.00	х	<u> </u>	x				0.	0.	0.
LEWIS KRULWICH										
TREASURER	1.00	_ x		x				0.	0.	0.
ANN H. APPLEBAUM										
SECRETARY	3.00	x		х				0.	0.	0.
JONATHAN AARON		}								
BOARD MEMBER	1.00	х						0.	0.	<u> </u>
HUBERT J. BRANDT					ļ]		
BOARD MEMBER	1.00	х	<u> </u>		L			0.	0.	0.
DAVID GOLINKIN		j	ļ]]		
BOARD MEMBER	5.00	x	<u> </u>		<u> </u>		L.	0.	0.	0.
GERSHON KEKST	.)		Ì	1	1					
BOARD MEMBER	1.00	Х	L				_	0.	0.	0.
STEPHEN J. LOVELL			l	}	1		l			
BOARD MEMBER	1.00	X	<u> </u>	ļ			L_	0.	0.	0.
ISMAR SCHORSCH	.}	1	l	ŀ	Ì		1			
BOARD MEMBER	1.00	х	<u> </u>	ļ	L		<u> </u>	0.	0.	0.
BARRY ALPERIN			l	ł	l		l			
BOARD MEMBER	1.00	х	<u> </u>	_			L.	0.	0.	0.
AARON PRIEST		ł	ł	l	ł	1	l	}		
BOARD MEMBER	1.00	х	<u> </u>	L	_			0.	0.	0.
BRUCE WHIZIN			l	İ	ł	Ì	l	}		
BOARD MEMBER	1.00	X	-	<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.
RAYMOND COLL			ļ	l	ł		ľ	1		
BOARD MEMBER	1.00	X	↓_	ļ	<u> </u>	_	<u> </u>	0.	0.	0.
SAUL SANDERS		(ľ	ĺ	ĺ		ľ	ľ		
BOARD MEMBER	1.00	х	 	┡	ļ.,		<u> </u>	0.	0.	0.
	-		[
	-									

(A)	(B)			(0	c)			(D)	(E)		(F)	
Name and Title	Average			•	all t	hat a	pply)	Reportable	Reportable	1	Estimate	ed
	hours per week			Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compeńsation from related organizations (W-2/1099 MISC)	!	mount of a compensa from the organizat and relat organizati	other tion e ion ed
	1									1		
										1		
·					-					+		
·				_						†-		
				ļ					<u> </u>	+		
					-				<u> </u>	 		
										+		
	}		-	 	-					+		
			-	-	-						<u> </u>	
										 -		
										-		
1 b Total		l		<u> </u>	Щ.	L	<u> </u>	0.	0	+		0
Total number of individuals (including but not limited from the organization	to those	e lis	ted a	abov	/e) \	vho	rece				mpensa	
non the organization							_				Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, k	ey e	mpl	oye	e, or	hig	hest compensated	l employee		3	х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com),00(pen)? <i>[[</i>	satı f 'Ye	on a	nd o	thei	r compensation fro Schedule J for su	om ch		4	x
Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Schie	mpensa	ation	from	m ar	ny u	nrela	ated	organization for s	services		5	x
Section B. Independent Contractors	edule 5	101 3	ucn	per.	3011						-	<u> </u>
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent o	conti	ract	ors t	hat	received more tha	n \$100,000 of			
(A) Name and business addres	s							(B) Description () of Services	Cor	(C) npensat	ion
EHL CONSOLUTING 2300 COMPETER AVE, SUITE D-18 WI	LLOW G	ROV	/E,	PA	1	90	90	PROFESSIONA	L SERVICES		129,	500
					_					-		
Total number of independent contractors (including by	out not le	ımıte	ed to	tho	se l	isted	d ab	l ove) who received	more than			

Par	t VIII Statement of Revenue				<u></u>
;		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
27.2	1a Federated campaigns 1a				
¥ S	b Membership dues 1b				j
200	c Fundraising events 1c	7			
E &	d Related organizations 1 d	7			
S,	e Government grants (contributions)	7			
8 2		7			
불	f All other contributions, gifts, grants, and similar amounts not included above 1 f 5,304,672				
E 0	g Noncash contribus included in Ins 1a-1f \$	$\dot{\exists}$			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		5,304,672.			
<u> </u>	Business Code	3,301,0,2.			
집			- -	•	
<u> </u>	2ab			-	
S.				i	
<u> </u>	<u></u>	 -			
as					
RA	e	-			<u> </u>
စ္တို	f All other program service revenue	<u> </u>		<u> </u>	
-	y Total. Add lines 2a-21				<u> </u>
	3 Investment income (including dividends, interest and other similar amounts)	21,029.	٥.	٥.	21,029.
	•	21,029.			21,023.
	4 Income from investment of tax-exempt bond proceeds			}·	ļ <u>.</u>
	5 Royalties (i) Real (ii) Personal	-			
	6a Gross Rents	=			
		-			
- 1	b Less rental expenses				
	c Rental income or (loss)			-	
	d Net rental income or (loss)	<u></u>			
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory	_			
	b Less cost or other basis				
	and sales expenses	_			
	c Gain or (loss)	.]	}
	d Net gain or (loss)	>			ļ <u> </u>
NGE	8a Gross income from fundraising events (not including \$				į
2	of contributions reported on line 1c).				}
OTHER REVEN	See Part IV, line 18				
풀	b Less direct expenses b				
٥	c Net income or (loss) from fundraising events	<u> </u>			
ı	9a Gross income from gaming activities See Part IV, line 19		1		
l	b Less [,] direct expenses b				
	c Net income or (loss) from gaming activities	>			
	10a Gross sales of inventory, less returns				
	and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	<u> </u>			
	Miscellaneous Revenue Business Code				1
	11a Book Sales 900099	1,171.	0.	0.	1,171.
	b				
- 1	c				
	d All other revenue				
	e Total. Add lines 11a-11d	1,171.	ļ		
	12 Total revenue. See instructions	► 5,326,872.	0.	0.	22,200.

22-3342043

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).

	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
1	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	5,127,000.	5,127,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
c	Accounting	2,958.	0.	2,958.	0.
d	Lobbying				
е	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	74.	0.	74.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance 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)				
a	POSTAGE	7,273.	0.	7,273.	0.
b	ADVERTISING	2,771.	2,771.	0.	0.
c	PROFESSIONAL FEES	156,579.	0.	156,579.	0.
C	PRINTING	4,367.	0.	4,367.	0.
	TRAVEL	16,030.	0.	16,030.	0.
	All other expenses	18,020.	0.	18,020.	0.
	Total functional expenses Add lines 1 through 24f	5,335,072.	5,129,771.	205,301.	0.
26 RAA	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				Form 990 (2009)

Part	X	Balance Sheet				
				(A) Beginning of year		(B) End of year
·	1	Cash - non-interest-bearing		355,435.	1	326,205.
1	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
- 1	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II	, trustees, key employees, of Schedule L		5	
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	lete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net			7	
A S S E T S	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment cost or other basis	10a			
		Complete Part VI of Schedule D				•
ľ	b	Less accumulated depreciation	10Ь		10 c	
1	11	Investments – publicly-traded securities		441,095.	11	1,024,798.
1	12	Investments – other securities See Part IV, line 11			12	
1	13	Investments – program-related See Part IV, line 11			13	
1	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	14	
1	15	Other assets See Part IV, line 11		518,231.	15	0.
- 1	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	1,314,761.	16	1,351,003.
1	17	Accounts payable and accrued expenses	<u></u>		17	
L	18	Grants payable			18	
1	19	Deferred revenue			19	
L 2	20	Tax-exempt bond liabilities			20	
الم	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
<u> </u>	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers				·····
+		of Schedule L			22	
Ė 2	23	Secured mortgages and notes payable to unrelated thi	rd parties		23	
2	24	Unsecured notes and loans payable to unrelated third	parties		24	
2	25	Other liabilities Complete Part X of Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N		Organizations that follow SFAS 117, check here ▶	X and complete lines			
N E T		27 through 29 and lines 33 and 34.		İ	1 1	
§ 2	27	Unrestricted net assets		314,761.	27	320,831.
Š 2	28	Temporarily restricted net assets		0.	28	30,172.
E Z	29	Permanently restricted net assets		1,000,000.	29	1,000,000.
R		Organizations that do not follow SFAS 117, check her	e ► and complete			
		lines 30 through 34.	_ ,			
FDZD 3	30	Capital stock or trust principal, or current funds		1	30	
	31	Paid-in or capital surplus, or land, building, and equipi	ment fund		31	
Î 3	32	Retained earnings, endowment, accumulated income,			32	
ฉิเ	33	Total net assets or fund balances		1,314,761.	33	1,351,003.
5 3	34	Total liabilities and net assets/fund balances		1,314,761.	34	1,351,003.
BAA						Form 990 (2009)

Form **990** (2009)

orm	990 ((2009) THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC. 22-3	342043	Р	age 12
Parl	XI	Financial Statements and Reporting			
				Yes	No
1	Acco	unting method used to prepare the Form 990 🕱 Cash 🗌 Accrual 📗 Other			
		organization changed its method of accounting from a prior year or checked 'Other,' explain hedule O			ļ
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?	2 2	<u> </u>	X
b	Were	the organization's financial statements audited by an independent accountant?	21	X	
		es' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a w, or compilation of its financial statements and selection of an independent accountant?	audit,	x	
		organization changed either its oversight process or selection process during the tax year, explain the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control			
d		s' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued c olidated basis, separate basis, or both	on a		
	\mathbf{x}	Separate basis Consolidated basis Both consolidated and separate basis	-	1	
		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133?	gle 3a		x
		es,' did the organization undergo the required audit or audits? If the organization did not undergo the required idits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	,	

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Employer identification number THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC. 22-3342043 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(bX1XAXi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). £ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) x 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III – Functionally integrated Type III- Other Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported (III) Type of organization (IV) Is the (v) Did you notify (vi) Is the (VII) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) the organization in col (i) of your support? organization in col (i) organized in the US? organization in co Organization (i) listed in your governing document? Yes Yes No No Yes No Total

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17 a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 THE SCHECHTER INSTITUTES INC. C/O THE BHL CONSULTING GROUP, INC. 22-3342043 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	ked the box on in	le 9 OI Fai(1)					
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	(a) 2003	(3) 2000	(6) 2007	(6) 2000	(0) 2.00		, rotal
	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							
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 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b				<u> </u>	L		
8	Public support (Subtract line					<u> </u>		
	7c from line 6)							
Sec	tion B. Total Support			_				
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(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							
	Add lines 10a and 10b 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)							
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, o	r fifth tax year as a	a section 50	1(c)(3)	▶□
	tion C. Computation of Pul							
				13. column (f))			15	%
	5 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)							
	tion D. Computation of Inv							
	Investment income percentage fo				nn (fl)		17	%
18	Investment income percentage fro		· •	-	(177		18	
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	e organization did	d not check the bo	x on line 14, and	d line 15 is more th	nan 33-1/3% ganization		
	33-1/3 support tests - 2008. If the not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppor	ted organiza	ation	nd line 18
_20	Private foundation. If the organiz	ation did not ched	ck a box on line 14	4, 19a, or 19b, ch	neck this box and s	ee instruction	ons	<u> </u>

Scriedule A (Form 990 or 990-E2) 2009 THE SCHECHTER INSTITUTES INC. C/O THE BHL CONSULTING GROUP, INC. 22-3342043 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Other Income Part II, Line 10
Description: Tuition reimbursement
2005: 103000.
Description: Book sales
2009: 1171.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047 **2009**

Openito Public

Employer Identification number

CHE	SCHECHTER INSTITUTES INC. C	O THE EHL CONSULTING GROUP	, INC.	22-3342043	
	Organizations Maintaining Dono the organization answered 'Yes'	r Advised Funds or Other Similar F		ounts Complete	e if
		(a) Donor advised funds	(b)	Funds and other acc	ounts
1	Total number at end of year	1,7	1		<u> </u>
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	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or donor advisor or fo	nds may be or any other	— ∏Yes	□No
Païi	tilli Conservation Easements Compl		s' to Form 9		
	Purpose(s) of conservation easements held by		3 10 1 01111 3	JU, I dit IV, iiie	
•			an of an historia	ally important land i	****
	Preservation of land for public use (e.g., r		on of certified hi	ally important land a	ai Ga
	Preservation of open space	∐ Freservatio	or cermied in	Storie Structure	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution i	n the form of a	conservation easem	ent on the
			1	Held at the End o	f the Year
a	Total number of conservation easements		2a		
Ŀ	Total acreage restricted by conservation easei	ments	2b		
c	: Number of conservation easements on a certif	ied historic structure included in (a)	2c		
c	Number of conservation easements included in	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified, vear ►	transferred, released, extinguished, or termin	nated by the orga	anization during the	tax
4	Number of states where property subject to co	nservation easement is located			
5	Does the organization have a written policy re and enforcement of the conservation easemer	nt it holds?		tions, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing conservation ea	sements		
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easeme	ents =		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	section	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	orts conservation easements in its revenue a o the organization's financial statements that	and expense sta describes the o	tement, and balance rganization's accou	e sheet, and nting for
'aĭi	彻顺 Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, swered 'Yes' to Form 990, Part IV, II	, or Other Si ne 8.	nilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in furthe			
t	If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items.				
	(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		s for financial ga	nn, provide the follo	wing
a	Revenues included in Form 990, Part VIII, line	1		► \$	
Ŀ	Assets included in Form 990, Part X			►Ś	

					TING GROUP, INC.		22-334		Page 2
Part III Organizations Maintai	ning Collecti	ons (of Art, Histo	rica	Treasures, o	r Other	Similar Ass	ets (conti	nued)
3 Using the organization's acquisition items (check all that apply):	n accession and	other	records, check	k any	of the following th	nat are a s	ignificant use	of its collect	ion
a Public exhibition			d 🔲 Loan	or exc	hange programs				
b Scholarly research			e 🔲 Other						
c Preservation for future genera									
4 Provide a description of the organ Part XIV			•	-				ın	
5 During the year, did the organizati assets to be sold to raise funds ra	on solicit or rece	eive do	nations of art,	histo	rical treasures, or rganization's colle	other sim	ılar	Yes	□No
Part IV Escrow and Custodial 9, or reported an amou	Arrangemen	its Co	omplete if o	rgan			to Form 9	90, Part I	√, line
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or	other	intermediary	for co	ntributions or othe	er assets n	ot	Yes	No
b If 'Yes,' explain the arrangement i	n Part XIV and c	omple	te the followin	g tabl	e.				
								Amount	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance	0					1f			
2a Did the organization include an an		90, Pa	rt X, line 217					Yes	∐ No
Part V Endowment Funds Cor				24 17	'as' ta Form O	OO Dort	IV line 10		
Fart v Endowment runds Col								(0) Four	years back
1 a Basinaina of year balance	(a) Current year		(b) Prior yea		(c) Two years bad	(a)	Three years back	(e) Four	years back
1 a Beginning of year balance	1,000,00	,,,	1,000,0	00.					
b Contributions		-+						 	
c Net Investment earnings, gains, and losses	65,47	72.	<u> </u>		<u> </u>		<u> </u>		
d Grants or scholarships									
Other expenditures for facilities and programs	65,47	72.			}		, ,		
f Administrative expenses		_			· · · · · · · · · · · · · · · · · · ·				
g End of year balance	1,000,00		1,000,0	00.				<u> </u>	<u>·</u>
2 Provide the estimated percentage	of the year end	baland	e held as						
a Board designated or quasi-endowing	ment 🏲		₹						
b Permanent endowment	100.00%								
c Term endowment ▶	%								
3a Are there endowment funds not in organization by	the possession	of the	organization t	hat ar	e held and admin	istered for	the	Ye	s No
(i) unrelated organizations								3a(i)	х
(ii) related organizations								3a(ii)	x
b If 'Yes' to 3a(II), are the related or	ganizations liste	d as re	equired on Sch	nedule	R?			3b	
4 Describe in Part XIV the intended									
Part VI Investments—Land, B	<u>uildings, and</u>	Equ	i pment . Se	e For	m 990, Part X	(, line 10)		
Description of investment	(a)		or other basis estment)		Cost or other basis (other)		cumulated reciation	(d) Book	∢Value ————
1 a Land	<u></u>								
b Buildings	<u> </u>					ļ			
c Leasehold improvements	<u> </u>	_				ļ			
d Equipment	<u></u>								
e Other									
Total. Add lines 1a through 1e (Column	(d) must equal i	Form 9	990 <u>, Part X, co</u>	lumn	(B), line 10(c))		<u> </u>		

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 THE SCHECHTER INSTITUTES I	Orm 990 Part Y line 12		² age 3
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(5) 5001 1415	Cost or end-of-year market value	
Financial derivatives Closely-held equity interests			
Other			
~			
			
~	· 		
<u> </u>			
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	5 000 8 17 1 1	12)	
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
			
	 		
	+		
<u> </u>			
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	line 15)		
	escription	(b) Book valu	ue
Accounts receiable - related			0.
			
T-1-1 (0-1(1)			
Total. (Column (b) must equal Form 990, Part X, col (B), I. Part X Other Liabilities (See Form 990, Part			0.
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

		-33420)43 Pag	ge 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>	5,326,87	
2	Total expenses (Form 990, Part IX, column (A), line 25)	\vdash	5,335,07	
3	Excess or (deficit) for the year Subtract line 2 from line 1		-8,20	0.
4	Net unrealized gains (losses) on investments	\vdash		
5	Donated services and use of facilities	\vdash		
6	Investment expenses	-		
7	Prior period adjustments	\vdash		
8	Other (Describe in Part XIV) Total adjustments (net) Add lines 4 through 8	-		
9 10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-	-8,20	_
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	-0,20	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	5,371,31	5.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		3,0,2,0=	
	Net unrealized gains on investments 2a 44,443.	ı İ		
	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c	, ,		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2 e	44,44	3.
	Subtract line 2e from line 1	3	5,326,87	
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			
t	Other (Describe in Part XIV)	1		
(: Add lines 4a and 4b	4c		
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,326,87	2,
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return		
1	Total expenses and losses per audited financial statements	1	5,335,07	2.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a			
t	Prior year adjustments 2b			
C	Other losses 2c 2c			
C	Other (Describe in Part XIV)	i l		
€	Add lines 2a through 2d	_2e		
_	Subtract line 2e from line 1	3	5,335,07	2.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	1		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	5,335,07	2.
-	t XIV Supplemental Information			—
line (plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lii 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part mation	nes 1b ar to provid	nd 2b, Part V, e any additional	
			. 	
		· 		
		· 		- ·
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Schedule D (Form 990) 2009

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Ochicadic D	(OIII 330) 2003 The SCHECKIER INSTITUTES INC. C/O THE END CONSULTING GROOF, INC.	 i age 3
Part XIV	Supplemental Information (continued)	
		 :
		 <u> </u>
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		 ·
		 - ·

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.
 See separate instructions.

Employer identification number

Name	Name of the organization Employer identification number											
THE	THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC. 22-3342043											
Pai	Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.											
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No											
2	2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States											
3	Activities per Region (Use	Schedule F-1 (For	rm 990) if addition	nal space is needed)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e , fundraising, program services, grants to recipients located in the region)	(d) is service specif	ivity listed in a program e, describe fic type of (s) in region	(f) Total expenditures in region					
							· 					
						_						
	. —											
					<u> </u>							
							·					
												
	. —											
Tota	ls •											

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Schedule F (Form 990) (2009)

Page 2 (i) Method of valuation (book, FMV, appraisal, other) book Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed (h) Description of non-cash assistance 22-3342043 n/a (g) Amount of non-cash assistance 5,127,000. wire transfer (f) Manner of cash disbursement (e) Amount of cash grant Educational THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC. (d) Purpose of grant Middle East (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) 2009

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter BAA BAA

Schedule F (Form 990) 2009

Enter total number of other organizations or entities

Page 3 22-3342043

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC. Schedule F (Form 990) 2009

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule F	(FORM 990) 2009 THE SCHECHTER INSTITUTES INC. C/O THE BHL CONSULTING GROUP, INC.	22-3342043	raye •
PantIVA	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional information	ation	
			- ·
	1		
			-

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the	me of the organization Employer identification number								
THE S	CHECHTER	INSTITUTES	INC. C/O	THE E	HL CONS	SULTING GROUP	P, INC.	22-334204	3
Part i	Fundraising	Activities. Complifilers are not requ	ete if the organi	zation an	swered 'Ye	es' to Form 990, Par	t IV, line 17	, · · · · · · · · · · · · · · · · · · ·	
1 Ind	icate whether t	he organization ra	aised funds thro	ugh any	of the follow	wing activities Chec	k all that a	pply	
	Mail solicitation	ons				Solicitation of n	on-governn	nent grants	
\mathbf{x}	Internet and e	mail solicitations				Solicitation of g	overnment	grants	
x	Phone solicita	ations				Special fundrais	sing events		
x	In-person soli	citations				_			
2a Did em	the organization	on have written o in Form 990, Part	r oral agreemer VII) or entity in	nt with any connecti	y individual ion with pro	l (including officers, ofessional fundraisin	directors, t ig services?	rustees or key	X Yes No
b If '`	Yes,' list the termpensated at le	n highest paid indeast \$5,000 by the	ividuals or entit e organization	ies (fundi	raisers) pui	rsuant to agreement	s under wh	ich the fundraise	r is to be
				()) (4		mount paid to	
	(i) Name of in or entity (fund	dividual draiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipt from activity		retained by) raiser listed in	(vi) Amount paid to (or retained by)
	or critity (land	2141301)			ributions?	l worm accorning		col (ı)	organization
				Yes	No				
				ĺ		F 304 67	_	120 500	E 17E 170
EHL C	onsulting	·	Pundraising		X	5,304,67	4 · 	129,500.	5,175,172.
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			<u> </u>	<u> </u>	<u> </u>				
To	tai				>	5,304,67	,	129,500.	5,175,172.
		hich the organiza	ition is registere	ed or licer	nsed to soli	icit funds or has bee			
	licensing	-	J					·	ū
<u>N</u> e	w Jersey			- -					
				- -					
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				. – – – –					

	t.II	Fundraising Events. Complete if reported more than \$15,000 on F				
Ē		Toported more than \$10,000 0111	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
MCZM <m2< td=""><td>1</td><td>Gross receipts</td><td></td><td></td><td></td><td></td></m2<>	1	Gross receipts				
Ē	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			<u> </u>	
•	5	Noncash prizes				
D-RECT	6	Rent/facility costs				
	7	Food and beverages				
E P	8	Entertainment				
EXPESSES	9	Other direct expenses				
S	10	Direct expense summary Add lines 4- th	rough 9 in column (d)		•	
Pä	11 ####	Net income summary Combine lines 3, c Gaming. Complete if the organization		s' to Form 900 Pa	rt IV line 19 or re	norted more than
ı, qı	Gilis	\$15,000 on Form 990-EZ, line 6a	:	s (0101111 990, 1 a)	it iv, line 19, or ie	ported more than
RE>E20E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Ē	1	Gross revenue				
E	2	Cash prizes				
DIRECT	_					
Č S T E	3	Non-cash prizes				
<u>.</u>	4	Rent/facility costs				
	5	Other direct expenses		 		
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•	
	8	Net gaming income summary Combine Ii	nes 1, column (d) and l	ine 7		•
a	ls th	er the state(s) in which the organization op- ie organization licensed to operate gaming				YES NO
		o,' explain'	s revoked, suspended o	r terminated during the	 tax year ⁷	 10a
t) If 'Y 	es,' explain 			·	
11	Doe	s the organization operate gaming activitie	s with nonmembers?			11
12	Is th	e organization a grantor, beneficiary or tru iinister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to	12

Schedule G (Form 990 or 990-EZ) 2009 THE SCHECHTER INSTITUTES INC. C/O THE BHL CONSULTING GROUP, INC.	22-3342043	<u> </u>	age 3
· · · · · · · · · · · · · · · · · · ·		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	%		
b An outside facility	%	`] •]	-
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records		
Name •		!!!!	
Address •			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenu		a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$	e amount		
c If 'Yes,' enter name and address of the third party			
Name			
Address: •			
16 Gaming manager information			
Name			
Gaming manager compensation ► \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	tain the	а	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the		
organization's own exempt activities during the tax year 🕨 \$			<u> </u>
BAA TEEA3703 02/05/10 Sched	ule G (Form 990 or	990-EZ	2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, I	NC. 22-3342043
Pt VI-B, Line 11A The audit committee receives copies of the	990 in advance
of filing to review on behalf of the board.	Any questions
or comments are relayed to the management c	ompany for
correction/clarification.	
Pt VI-C, Line 19 Documents are made available upon request	
Pt VI-B, Line 12c Annually, each board member is required to	disclose conflicts
of interest.	
Pt XI, Line 2c The audit committee is responsible for revi	ew and
approval of the annual audited financial st	atements.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Copento Public

Employer identification number 22-3342043

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

INC.

C/O THE EHL CONSULTING GROUP,

THE SCHECHTER INSTITUTES INC.

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (E)
Public charity status
(if section 501(c)(3)) (End-of-year assets <u> Ranks</u> Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Exempt Code section (**D)** Total income 02/02/10 TEEA5001 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) HS BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity Education Schechter Institute of Jewish Studies n/a (A) Name, address, and EIN of related organization H (A) Name, address, and EIN of disregarded entity Jerusalem, 4 Avraham Granit St.,

| Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 22-3342043 Schedule R (Form 990) 2009 THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC.

• 2 g ~	2			ļ					١
(J) General or managing partner?	\vdash				_				_
	Yes							_	
Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)								
(H) Dispropor- tronate allocations?	Yes No							-	
(G) are of end-of-year assets									
(A) (B) (C) (D) (D) Predominant Share of total income (related, state of state of foreign from the state of total income (related, state of state of state of state of foreign from the state of total income (related, state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of state of sta		·	•						
(E) Predominant income (related, unrelated, excluded from tax incher	sections 512-514)								
(C) (D) Legal Direct domicile controlling entity foreign									
(C) Legal domicile (state or	country)								
(B) Primary Activity									
(A) Name, address, and EiN of related organization			 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

हिन्दा । Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inc. 34 because of had one or more related organizations freated as a corporation or trust during the tax year.)	axable as a Cord organizations	rporation or Trustreated as a cor	ist (Complete	if the organiz	ation answered 'Ye tax year.)	ss' to Form 990, Pa	ırt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile	(b) Direct	(E) Type of entity	(B) (C) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(G) Share of end-of-year	(H) Percentage
		(state or foreign co country)	ontrolling entity	or trust)		dssets	dillersimp
		-	_				
		`					
			1				

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

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Page 4

22-3342043

Part VI: Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

Schedule **R** (Form 990) (2009) (H) General or managing partner? ŝ Yes (G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? ž Yes (E) Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes No (C) Legal domicile (state or foreign country) TEEA5004 02/05/10 (B) Primary activity (A)
Name, address, and EIN of entity 1111 1111 1 | 1

marled 8/5/10

Form 8868	(Rev 4-2009) THE SCHECHTER INSTITUTES INC. C/O THE EHL CONSULTING GROUP, INC. 22	-3342043	Page 2		
-	tre filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		, rage £		
-	complete Part II if you have already been granted an automatic 3-month extension on a previously filed				
•	ire filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	,			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies nee	ded)		
1 41(1)	, · · · · · · · · · · · · · · · · · · ·	yer identification			
_					
Type or print	THE SCHECHTER INSTITUTES INC. C/O THE BHL CONSULTING GROUP, INC. 22-	3342043			
Pilit		S use only			
File by the extended		-			
due date for filing the	2300 COMPUTER AVE, SUITE D-18				
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions	•			
instructions	WILLOW GROVE PA 19090				
Check type	of return to be filed (File a separate application for each return):	· · · · · ·			
X Form 9			Form 6069		
Form 9		⊢	Form 8870		
Form 9		ப்.	01111 007 0		
	not complete Part II if you were not already granted an automatic 3-month extension on a previously fi	led Form 886	8		
	oks are in care of THE EHL CONSULTING GROUP	ica i oiiii ooc	<u>. </u>		
	ine No. ► (215) 830-1119 FAX No ►				
	ganization does not have an office or place of business in the United States, check this box		▶ 🗀		
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this is for the		
	o, check this box ► If it is for part of the group, check this box ► and attach a list with the	names and F			
ū	ne extension is for	names and t	211 43 OI UII		
	est an additional 3-month extension of time until Nov 15 , 20 10.				
	ellendar year 2009 , or other tax year beginning , 20 , and ending		, 20		
			ounting period		
	in detail why you need the extension <u>Additional time is needed in order to</u>	3	J 1		
	ain the information necessary to file a complete and accurate	return			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
nonre	fundable credits. See instructions	8a \$	0.		
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax				
paym	ents made. Include any prior year overpayment allowed as a credit and any amount paid previously orm 8868.	Oh c	0		
		8b \$	0.		
c Balan with F	ce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$	0.		
	Signature and Verification	00 4			
Under penalties	of periury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge	e and belief, it is	true,		
correct, and co	nplate, and that I am authorized to prepare this form				
Signature > / Lovey & Courtell Title > O, PA Date >					
BAA	FIFZ0502 03/11/09	Form 8	868 (Rev 4-2009)		