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Form	m 990 (2009) THE RABINOWI	TZ INSTITUTE INC.	30-0264855 Page 2
	art ill Statement of Program Service A		
1	Briefly describe the organization's mission	Ione	
2	Did the organization undertake any significant pro	gram services during the year which were not list	ed on
	the prior Form 990 or 990-EZ?		Yes 🗓 No
	If "Yes," describe these new services on Schedule		
3	Did the organization cease conducting, or make s	ignificant changes in how it conducts, any progra	m services? Yes X No
	If "Yes," describe these changes on Schedule O.		annea bu ave anne
4	Describe the exempt purpose achievements for exection 501(c)(3) and 501(c)(4) organizations and		
	allocations to others, the total expenses, and reve		o amount of granto and
	<u></u>		
4a	(Code) (Expenses \$ 26	3,879. including grants of \$) (Revenue \$
	TO PROVIDE JEWISH RELIGIO	OUS TRAINING TO STUDENTS	
			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
		· · · · · · · · · · · · · · · · · · ·	
-			
·ች ሀገ	Something the State of the Stat	The second of th	
			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
			
			
			
4d	Other program services (Describe in Schedule O.	.)	
	(Expenses \$ including gra		
<u>4e</u>	Total program service expenses > \$	263,879.	

932002 02-04-10 Form **990** (2009)

Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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 X Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X 11 X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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. 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 statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D. Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X -13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III 16 Х 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 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form **990** (2009)

19

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complete Schedule G. Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form'990 (2009) THE RABINOWITZ INSTITUTE INC.

Part IV Checklist of Required Schedules (continued)

38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_~		v
27	If "Yes," complete Schedule R, Part V, line 2	_36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
20	If "Yes," complete Schedule R, Part V, line 2	35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
34	Was the organization related to any tax-exempt or taxable entity?			v
24	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		v
33	, , , , , , , , , , , , , , , , , , ,	32		X
JZ.	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes;" complete "Schedule N, Part II	20	"	v
· -32	· · · · · · · · · · · · · · · · · · ·	31	ļ	·A·
	If IIVee II each of A CA A A A CO A A	24	-,	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>	<u> </u>	 ^
	contributions? If "Yes," complete Schedule M	30		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_ _		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
•	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c]	х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	سب		
		28b		X
а		28a		х
	instructions for applicable filing thresholds, conditions, and exceptions).			
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	_ <u>-</u> -		<u></u>
	Schedule L, Part III	27		x
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		 -	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			_ - _
	Schedule L, Part I	25b		х
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u>-</u> -
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
ď		24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	Únited States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
			Yes	No

932004 02-04-10

Form 990 (2009)
Part V Sta Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1096, Annual Summay and Transmittal of U.S. Information Returns Enter 6— find applicable 0. 10 b Enter the number of Forms W.25 included in line 1 a. Enter 0— if not applicable 0. 10 b the organization congly with backup-withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 28 Enter the number of origiopees reported on Form W.3, Transmittal of Wage and Tax Statements. Ried for the culendary year ending with or within the year covered by this return. See Instructions of the second on the 2a, did the organization file all required federal employment tax returns? 39 Did the organization or the 2a, did the organization file all required federal employment tax returns? 30 Did the organization or the 2a, did the organization file all required federal employment tax returns? 31 Did the organization or the see organization file all required federal employment tax returns? 32 Did the organization organization organization or see organization or a significant or schedule of the secondary organization org	•				Yes	No_
Enter the number of Forms W20 included in line 1a. Enter 0- if not applicable Derived the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with my service of the progression of the progressi	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, grade for the calendar year ending with or within the year covered by this return. b if at least one is reported on the 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to 6-fet this return, (see instructions) B if at least one size of the complex of		US Information Returns Enter -0- if not applicable	0			
Gambling) winnings to prize winners? 2 Effet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b 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 1 and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," as if field a Form 990-ff for this year? if "No," provide an explanation in Schedule O 1 if "Yes," and the calendar year, did the organization have an interest in, or a significant or other financial account)? b if "Yes," and the name of the foreign country. ► IBT act 1 if "Yes," and the name of the foreign country. ► IBT act 1 if "Yes," other the name of the foreign country. ► IBT act 1 if "Yes," other the name of the foreign country. ► IBT act 1 if "Yes," other the name of the foreign country. ► IBT act 1 if "Yes," other the name of the foreign country. ► IBT act 1 if "Yes," other the name of the foreign country. ► IBT act 2 if "Yes," other the name of the foreign country. ► IBT act 3 if "Yes," other the name of the foreign country. ► IBT act 4 if "Yes," other the name of the foreign country. ► IBT act 5 if "Yes," other the name of the foreign country. ► IBT act 6 if "Yes," other the name of the foreign country. ► IBT act 6 if "Yes," other the name of the foreign country. ► IBT act 7 if "Yes," other the name of the foreign country. ► IBT act 8 if "Yes," other the name of the foreign country. ► IBT act 8 if "Yes," other the name of the foreign country. ► IBT act 9 if "Yes," other the name of the foreign country. ► IBT act 9 if "Yes," other the name of the foreign country. ► IBT act 9 if "Yes," other the organization notify the deductible" of the foreign country. For interest the organization of the year. 9 if "Yes," oth			0			
28 Effect the number of employees reported on Form W-3, Transmittation Wages and Tax Statements. filed for the calendar year ending with or within the year covered by this return. b 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) 39	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga	aming			
filled for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?		1c		
b 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 1 and 2a is greater than 250, you may be required to a-rib this return. (see instructions) 3a	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 30. Did the organization have unrelated business gross isos some of \$1,000 or more during the year covered by this return? 43. 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: 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: Interest in, or a signature or other authority over, a financial account or other financial account; 54. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 55. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 56. If "Yes," to line 5a or 5b, did the organization file Form 8886 T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 56. If "Yes," to line 5a or 5b, did the organization hat it was or a party to a prohibited tax shelter transaction? 57. If "Yes," to line 5a or 5b, did the organization hat are normally greater than \$100,000, and did the organization shelt may receive deductible on the state of the		filed for the calendar year ending with or within the year covered by this return	0			
38 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 field 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," and the free free memor the foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," and the free free memor the foreign country." If IS 2 a G. b Was the organization a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to line 5a or 5b, did 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? c Destine organization shall may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization and party the donor of the value of the goods or services provided? c Did the organization of uning the year, receive any funds, directly or indirectly, to pay premiums on a presonal benefit contract? c Did the organization, during the year, receive any funds, directly or i	b			2b		
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 43 At any time during the calendary 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, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ TEYBE 1. 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? 5b Us day it suable party nortly the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "In 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? 6a If Yes, "In the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 7a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 filed during the year 6b If "Yes," indicate the number of Forms 8282 filed during the year 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c If If Wes Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7c If Tortinbutions of cars, boats, airplanes, and other vehicles, did the organization file a Fo		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions	i)			
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Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b 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? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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? 7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b If 'Yes,' did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 p For all contributions of qualified intellectual property, dig the organization file Form 8999 as required? 5 ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organiza						
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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 Management				г т			
		ı		•	Yes	No		
1a	Enter the number of voting members of the governing body .	1a		4				
b	Enter the number of voting members that are independent	1b		_4				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other					
	officer, director, trustee, or key employee?			2	-	X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
	of officers, directors or trustees, or key employees to a management company or other person?			3	1	X		
4	Did the organization make any significant changes to its organizational documents since the prior Fo) was filed?	4	 	X		
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5	-	<u>X</u>		
6	Does the organization have members or stockholders?			6	-	<u>X</u>		
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?							
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	-	_X_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year	-				
	by the following:							
	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?	•	_	. <u>8b</u>	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			٠,,		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X		
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)		Tv	T		
				40-	Yes	No X		
	Does the organization have local chapters, branches, or affiliates?	-64	ara affiliatas	10a	╬	<u> </u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapt	ers, armates,	401				
	and branches to ensure their operations are consistent with those of the organization?	ilina th	o form?	10b	X	\vdash		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iii iy u	e lomir	11	+^	 		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-		x		
12a		سم اسلب		122	'			
D	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ula yiv	e rise	12t	. '			
	to conflicts?	"Voo."	dosombo	121	'	 		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	7 es,	describe	120				
10	In Schedule O how this is done			13	1	X		
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?			14		_X		
-14 :45 -	*Digithe:precess fer:determining compensation of the following persons include a review and approv	albvu	 ndenendent ~					
- 15 -	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				` ``	-		
_	The organization's CEO, Executive Director, or top management official			154	.	х		
a	Other officers or key employees of the organization			158		X		
b	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1.5	Ή	 ^		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a		}			
IUa	taxable entity during the year?			16:		x		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its narticination		<u>*</u>	 **		
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org				1			
	exempt status with respect to such arrangements?	,u.,		16	,			
Sec	tion C. Disclosure			1 101	- 1	1		
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) availa	able for				
-	public inspection. Indicate how you make these available. Check all that apply	•						
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest polic	y, and fi	nancial			
-	statements available to the public		•					
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	ords of the organ	nızatıon.	▶ .			
	HIRSCH & OELBAUM - 212 227-8034							
	111 BROADWAY 7TH FLR, NEW YORK, NY 10006							
				For	m 990	(2009)		

932006 02*-*04-10

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee "
- 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

X Check this box if the organization did not c (A) Name and Title	(B) Average hours		ı	(C Posi	;) tion			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W 2/1099-MISC)	compensation from the organization and related organizations
AL GUTTMAN	1 00							0.	0.	0
TREASURER	1.00	-		Н	_			<u> </u>	0.	
JOEL GEDZELMAN	1.00							0.	0.	0
SECRETERY WILLIAM ROBBINS	1.00			-		-				-
V.P.	1.00							0.	0.	0
TOD JACOBS	1.00	\vdash	\vdash	 						
PREISIDENT	10.00							0.	0.	0_
									-	
		<u> </u>					<u> </u>			·=
ti Santanana a distanta a mandalah tidah di dilah sebasi sadises	न्त्रा प्रमुख्यान्य । १५०		- =	- ,			-	مشاه مستعاده تستدنت	بالبادية ، المسروقية المبيات .	Carles and the contraction of the
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Form 990 (2009)

(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee	all		Highest compensated O		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount other compensa from th organizat and relat organizat	ation ie tion ted	
					_							
		<u> </u>			_							
			-									
												
1b Total2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wł	no re	0. eceived more than \$100	0,000 in reportable		0.	
compensation from the organization				·						Yes	No	
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individu <u>a</u> l		•	-		-	-			. 3.	х	
 -4 - For any individual listed on line.1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? If "Yes	, " co	mple	ete S	Sch	edul	e J f	for such individual ~		4	Х	
the organization? If "Yes," complete Sched Section B. Independent Contractors					lan	y um	eiai	ed organization for serv	ices rendered to	5	Х	
Complete this table for your five highest country the organization NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compen	sation from	_	
(A) Name and business	address							(B) Description of s	services	(C) Compensation	on	
					-							
										-	_	
Total number of independent contractors (including but r	not li	mite	d to	the	se I	stec	d above) who received n	nore than		·	
\$100,000 in compensation from the organi						0				Form 990	(2009)	

		(2009) THE I	RABINOWITZ INS'	PITUTE INC.	,	30-0264	4855 Page 9
Par	ţ VI	Statement of Reve	nue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants)	nts, and				
detel	g	Similar amounts not included abo Noncash contributions included in line	·	44.			
<u> </u>	_ <u>h</u>	Total, Add lines 1a-1f		▶ 384,244.			
			Business	Code			
Program Service Revenue	2 a						
er v	b						
m S	C		l l		 		+
Re	d						
5	e	-				·	
_	T -	All other program service rev Total. Add lines 2a-2f	enue <u> </u>	D			+
	3	Investment income (including other similar amounts) Income from investment of ta		105,522.			105,522.
	5	Royalties	,	>			
			(i) Real (ii) Perso	onal			
l	6 a	Gross Rents					
1		Less rental expenses					
		Rental income or (loss)		 -			
		Net rental income or (loss)		D		 	
	7 a	Gross amount from sales of	(i) Securities (ii) Oth	er			
		assets other than inventory	131,656.				
	b	Less cost or other basis	216 641				
	_	and sales expenses Gain or (loss)	216,641.				
	C	Gain or (loss) I =Net gain.or (loss) - ==== -	K04, 9.0.3				-01 005
		Gross-income from fundraising		: P	' Nicola sa' direct 242	Contract Variations (Contracts)	447700
Other Revenue	oa	including \$ contributions reported on line	of				
<u>-</u>		Part IV, line 18	a				
\$		Less direct expenses	b				}
		Net income or (loss) from fun	- —		 	 	
ļ	9 a	Gross income from gaming a	1				
1		Part IV, line 19	. a				İ
		Less direct expenses Net income or (loss) from gai	b				
		Gross sales of inventory, less				 	
	io d	and allowances	a a				
	h	Less cost of goods sold	b				
		Net income or (loss) from sal		—			
T		Miscellaneous Reven		Code	1		
-	11 a						
	b						1
	c						
- 1	d	All other revenue					
- 1		Total. Add lines 11a-11d		•			1
	е	rotal. Add lines tra-rid		▶ 404,781.	. 0.		20,537

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 6b, 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	104,096.	104,096.					
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	8,045.		8,045.				
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							
b	Legal				·			
С	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other				<u>,,</u>			
12	Advertising and promotion		7.00					
13	Office expenses	2,959.		2,959.				
14	Information technology			_, _, .				
15	Royalties							
16	Occupancy							
17_	Travel	6,730.	- Lange of the control of the contr	6,730.				
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	24 005		34 005				
22	Depreciation, depletion, and amortization	31,997.		31,997.				
23	Insurance		-					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total							
_	expenses shown on line 25 below.) EDUCATORS & SEMINARS	150 702	159,783.					
	INSURANCE	159,783.	137,/83.	10,330.				
b	FUNDRAISING EXPENSES	10,330.		10,330.	0 005			
C	Proffesional FEES	9,985.		2 000	9,985.			
d	TOTTESTORET LEES	2,900.		2,900.	-			
e	All other expanses				<u> </u>			
f oe	All other expenses	226 025	262 070	62 061	0 005			
25 26	Total functional expenses Add lines 1 through 24f Joint costs Check here ☐ If following	336,825.	263,879.	62,961.	9,985.			
26								
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation							
	coocanonal campaign and junuraising solicitation							

		`	(A) Beginning of year		(B) End of year
	,	Cash - non-interest-bearing .	358,869.	1	355,923.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	3	employees, and highest compensated employees. Complete Part II			
ł		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	Ū	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
s l	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Y Y	9	Prepaid expenses and deferred charges		9	
	10a				
	IUa	basis Complete Part VI of Schedule D 10a 1,186,5	59		
	h	Less accumulated depreciation 10b 135,1		10c	1,051,422
	11	Investments - publicly traded securities	2,186,641.	11	1,051,422 2,262,754
	12	Investments - other securities See Part IV, line 11	2/200/022	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,628,929		3,670,099
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	26,786	19	
	20	Tax-exempt bond liabilities		20	
w	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
E	22	Payables to current and former officers, directors, trustees, key employee	s.		
Liabilities		highest compensated employees, and disqualified persons Complete Par			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	591,315	23	591,315
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		- 25	
	26	Total liabilities. Add lines 17 through 25	618,101	- 26	591,315
		Organizations that follow SFAS 117, check here and compl	ete	-	
Ω		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
<u>0</u>	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here	d		
ř		complete lines 30 through 34.			
ţţ	30	Capital stock or trust principal, or current funds	3,010,828	. 30	3,078,784
SSe	31	Paid in or capital surplus, or land, building, or equipment fund	0		C
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0		0
Š	33	Total net assets or fund balances	3,010,828		3,078,784
	34	Total liabilities and net assets/fund balances	3,628,929		3,670,099

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

За

X

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization

Employer identification number

			SINOWITZ_INST						30	<u>-0264</u>	<u>855</u>	
Part I	Reason	for Public Char	rity Status (All organiza	ations mus	t complet	e this part.) See insti	uctions.				
he organ	nization is not a	private foundation	because it is: (For lines 1	through 1	1, check c	only one bo	ox.)			11		
1 🖳	A church, cor	nvention of churche	s, or association of churc	hes descr	ibed in se i	ction 170(b)(1)(A)(i).			$U \vdash$		
2	A school des	cribed in section 17	7 0(b)(1)(A)(ii). (Attach Sch	nedule E)						_		
3 🖳	,		ital service organization d									
4		_	operated in conjunction v	with a hosi	oital descr	ibed in sec	ction 170(b)(1)(A)(iii). Enter th	e hospital	's nam	θ,
_	city, and state											
5 📖	_	•	benefit of a college or un	iiversity ov	vnea or op	erated by	a governn	nentai unit	described	a in		
. —		(b)(1)(A)(iv). (Compl	•									
- 5		-	nent or governmental unit							حجما المالي		_
7 LX	•	•	ceives a substantial part o	or its supp	ort from a	governme	ntai unit o	r from the	general pi	ublic desc	ribed ii	1
• []	·	b)(1)(A)(vi). (Comple	•	Complete	Dort II \							
8 9			section 170(b)(1)(A)(vi). (ceives: (1) more than 33 1			om contrib	outions m	emberehir	fooe and	d arose ro	cointe f	from
» Ш	-	-	nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complet	,		.,			, c.g			,	
10 🗀			perated exclusively to tes	st for publi	c safety. S	see sectio	n 509(a)(4	.).				
11 🗔	_	-	•		•			-	out the p	ourposes o	of one o	or
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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											
	a Type I	-			e III - Func	•	-		-	Type III - 0		
e 📖	By checking	this box, I certify th	at the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified p	ersons oth	ner tha	n
			than one or more publicly						(a)(1) or s	ection 509	3(a)(2)	
f	•		tten determination from t	he IRS tha	it it is a Ty	pe I, Type	II, or Type	111				
		rganization, check t		_					_			ш
g	_		organization accepted an									
			directly controls, either ale	one or tog	ether with	persons d	escribed i	n (II) and (I	ii) below,	44-63	Yes	No
	-	• •	supported organization?							11g(ı)		
	• • •	·	in described in (i) above? a person described in (i) c	or (ii) above	a?			-		- 11g(ii) - ≈ 11g(iii)		
·	• •	-	a person described in (i) of about the supported or	• ' ' •						~ <u>[-P19(iii)</u>		
h	i lovide tile i	ollowing imorniation	about the supported of	garnzation	(3)							
	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o in col. (i) lis governing		(v) Did you organizat (i) of your	ion in col.	organizatio (i) organiz	(vi) Is the inization in col. rganized in the U.S.? (vii) Am			ıf
			(see instructions))	Yes	No	Yes	No	Yes	No			
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-				<u> </u>				_	 			
otal												

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 THE RABINOWITZ INSTITUTE INC 30-0264855 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2426249. 487,320. 476,315. 537,824. 384,244. 4311952. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 384,244. 537,824. 2426249. 487,320. 476,315. Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4311952. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (d) 2008 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (e) 2009 (f) Total 2426249. 476,315. 384,244. 4311952. 487,320. 537,824. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 190,715. 215,720. 128,224. 105,522. 81,420. 721,601. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 5033553. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) -39,125. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 85.66 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 86.62 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

17a 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

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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.

20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶	
	Schedule A (Form 990 or 990-F	7) 20Y	na

%

%

17

18

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line/17

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE RABINOWITZ INSTITUTE INC.

Employer identification number 30-0264855

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, line	e 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring						
	Impermissible private benefit?		Yes No						
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).							
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area						
	Protection of natural habitat	Preservation of a ce	rtified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n of a conservation easement on the last						
	day of the tax year								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	·	2c						
đ	Number of conservation easements included in (c) acquired		2d						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax						
	year >								
4	Number of states where property subject to conservation ea		_						
5	Does the organization have a written policy regarding the pe								
_	violations, and enforcement of the conservation easements		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,								
	Amount of expenses incurred in monitoring, inspecting, and								
. B:	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17							
_	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIV, describe how the organization reports conservat								
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describe	is the organization's accounting for						
Pa	conservation easements rt III Organizations Maintaining Collections o	of Art Historical Treasures or	Other Similar Assets						
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·							
	Complete in the diganization and words.								
12	If the organization elected, as permitted under SFAS 116, no	of to report in its revenue statement and	balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e	•							
	the footnote to its financial statements that describes these		de la contraction de la contra						
b			ance sheet works of art, historical treasures						
~	or other similar assets held for public exhibition, education, or	•							
	these items	51 1030a1011 III 101 III 101 II 1	oo, promoo mo romo mag amounto roma mag to						
	(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 art, historical tre	easures, or other similar assets for finance							
٠.	the following amounts required to be reported under SFAS 1		gang provide						
а	Revenues included in Form 990, Part VIII, line 1	. 15 totaling to alloss follow	> \$						
b	Assets included in Form 990, Part X	•	► \$ ► \$						
		•	-						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

		INOWITZ								64855		<u>је 2</u>		
Par	t III Organizations Maintaining C							_						
3	3 · · · · · · · · · · · · · · · · · · ·													
	(check all that apply)			— .										
a														
b														
С														
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.													
5	During the year, did the organization solicit o						er sımılaı	assets		7				
	to be sold to raise funds rather than to be ma									<u>Yes</u>	<u> </u>	No		
Par	t IV Escrow and Custodial Arran		omplet	te if organiza	ation	answered "Yes	" to For	m 990, Pa	art IV, line	9, or				
	reported an amount on Form 990, Par	t X, line 21.												
1a	Is the organization an agent, trustee, custodi	an or other inte	rmedi	ary for conti	ributio	ons or other as:	sets not	ıncluded	_	_				
	on Form 990, Part X?								L.	Yes		No		
b	If "Yes," explain the arrangement in Part XIV	and complete t	he foll	lowing table	:									
									Amount					
C	Beginning balance							10	1c					
d	Additions during the year							1d						
е	Distributions during the year							1e						
f	Ending balance							_1f						
2a	Did the organization include an amount on Fe	orm 990, Part >	(, line 2	21?						Yes		No		
b	b If "Yes," explain the arrangement in Part XIV.													
Pai	t V Endowment Funds. Complete r	f the organizati	on ans	swered "Yes	" to F	orm 990, Part	IV, line 1	10.						
		(a) Current y	ear	(b) Prior	ear	(c) Two year	s back	(d) Three	years back	(e) Four y	ears t	oack		
1a	Beginning of year balance													
ь	Contributions	_												
c	Net investment earnings, gains, and losses													
d	Grants or scholarships													
e	Other expenditures for facilities													
·	and programs		- 1											
	Administrative expenses					- 								
g	End of year balance													
2	Provide the estimated percentage of the year	r and balance	held a	<u> </u>						·				
٠,	Board designated or quasi-endowment	i end balance	icia a	%										
a b	Permanent endowment	 %		_′°										
		^% %												
C	Are there endowment funds-not in-the posse		~~~	tion that ar	, holo	d and administr	rod for	the organ	ization					
	·		-				iien mi	ine organi	zauon.	`	Yes	Ala		
•	"by							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		res	No		
	(i) unrelated organizations									3a(i)				
	(ii) related organizations			. 0 - 1 1 - 1 -	D0					3a(ii)				
	If "Yes" to 3a(II), are the related organization	· · · · · · · · · · · · · · · · · · ·								3b				
4	Describe in Part XIV the intended uses of the					OO Dod V loo	10							
Pa	rt VI Investments - Land, Building													
	Description of investment	(a) Cos			•	ost or other		ccumulat		(d) Book	value	€		
		basis (ir	ivestr	nent)	bas	is (other)	O.E	preciation	1					
1a	Land	<u> </u>						100		4				
b	Buildings				1, 1	.43,607.		<u>122,9</u>	179.	1,020	20,628.			
С	Leasehold improvements													
d	Equipment							 		·				
e	Other					42,952.		12,1	.58.			<u>94.</u>		
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990	, Part	X, column (l	3), line	e 10(c))				1,051	4	22.		

Schedule D (Form 990) 2009

THE RABINOWITZ INSTITUTE INC.

30-0264855 Page 3

932053 02-01-10

Schedule D (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Schedule F (Form 990) 2009

	-					
	RABINOWITZ	INSTITUT	E INC.		30-02648	<u> </u>
Part			ctivities Out	side the United States. Comple	ete if the organization answered	l "Yes"
	<u>to Form 990, Pa</u>					
	•	_		is to substantiate the amount of the greelection criteria used to award the gra		Yes No
,	grantees eligibility for t	ne grants or assi	stance, and the s	selection criteria used to award the gra	ints or assistance?	Zi Tes 140
2	For grantmakers, Desc	cribe in Part IV th	e organization's	procedures for monitoring the use of g	rant funds outside the United S	States.
	g. a				,	
3 /	Activities per Region. (L	Jse Schedule F-1	(Form 990) if ad	ditional space is needed.)	· · · · · · · · · · · · · · · · · · ·	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees or	(by type) (i.e., fundraising,	is a program service, describe specific type	expenditures for region
		in the region	agents in region	program services, grants to recipients located in the region)	of service(s) in region	loi region
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Totals	s	-	0	l		

932071 02-01-10

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30-0264855

Schedule F (Form 990) 2009

2000

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

(i) Method of valuation (book, FMV, appraisal, other)	PMV					1	
(h) Description of non-cash assistance							
(g) Amount of non-cash assistance	0						xempt by
(e) Amount (f) Manner of of cash grant cash disbursement	Checks And 77,814,wire transfers						recognized as tax·e
(e) Amount of cash grant	77,814.						foreign country,
(d) Purpose of grant	To promote Torah Study and jewish religous training.	<u>.</u>	 -	_	 	**	Enter total number of recipient organizations listed above that are recognized as chanties 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
(c) Region	[srae]						ns listed above that are
(b) IRS code section and EIN (if applicable)							recipient organizatio
1 (a) Name of organization							2 Enter total number of the IRS or for which t

Enter total number of other organizations or entities

Schedule F (Form 990) 2009

30-0264855

Page 3

THE RABINOWITZ INSTITUTE INC.

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 Schedule F (Form 990) 2009

Use Schedule F-1 (Form 990) if additional space is needed.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number

		THE	RABINO	WIT	Z INS	STITU	re inc	·	<u> </u>	3	0-026	4855
Form 990,	Part	VI,	<u>Section</u>	В,	line	e 11:	prese	ent an	d rev	iew 99	0 wit	: <u>h</u>
director									<u> </u>	<u></u>		
						. <u>.</u>				<u> — </u>		
Form 990,												
governing	docum	ents	, confl	ict	of :	inter	est po	olicie	s and	finan	cial	statements
<u>available</u>	upon	requ	est.									
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	Current Year Deduction		28,462.	2,863.	672.	31,997.	31,997.						_				
	Current Sec 179					, 0	0										
	Accumulated Depreciation		92,501.	9,295.	1,344.	103,140.	103,140.										
	Basis For Depreciation		1110000.	42,952.	33,607.	1186559.	1186559.									-	
	Reduction In Basis					0.	0										
	Bus % Excl															•	
	Unadjusted Cost Or Basis		1110000.	42,952.	33,607.	1186559.	1186559.										
	S S S		17	17	17												
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	Method		SL	SL	SL												
	Date Acquired		081205SL	081205SL	031007SL								-				
	Description	Management and General		MOKTGAGE & LEGAL 2COSTS	3SEFER TORAH	* 990 Page 10 Total Management and Gen	* Grand Total 990 Page 10 Depr										 -
	Asset								_	_					 	_	

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

0425824712 Jan. 20, 2011 LTR 2694C 0 R 30-0264855 200912 67 00018924

THE RABINOWITZ INSTITUTE INC % HIRSCH & OLEBAUM CPA'S 111 BROADWAY 7TH FLR NEW YORK NY 10006



005481

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee Date

Title