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# Form 991

SCANNED MAR 1 1 2011;

## **Return of Organization Exempt From Income Tax**

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

20**09** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	ne 2009 ca	alendar	r year, o	r tax year t	beginning	Au	gust 1	, 2009, a	and en	ding		Jul	y 31	, 20	10	
В	Check if	applicable	Please		of organizati	ion Chedei	r Chaba	d of Mons	ey		·			D Emp	loyer id	entification i	number
	Address	s change	use IRS label or		Business As	3								13		407330	18
_	Name c		prant or type	Numbe	er and street (or	r PO box if ma	ııl ıs not deli	vered to street	address)	Room	/suite			E Telep	hone n	umber	
	nıtıal re	turn	See Specific		Box 1204					<u> </u>				( 845	)	356-121	3
	Fermina	ited	Instruc-	. City c	or town, state	-	ind ZIP + 4	4									
	Amende	ed return	tions.		ey, NY 109									G Gross	receipts	\$ 1,69	9,758.
	Application	on pending	F Nan	me and a	ddress of prir	ncipal officer	Yisroe	el Shuster	man			H(a)	Is this	a group ret	um for aff	iliates? <b>Yes</b>	<b>☑</b> No
					04, Monsey		52					H(b)	Are a	ll affiliate	s includ	ed? <b>☑Yes</b>	
<u> </u>		empt status	<u> </u>	501(c) ( ;	3 )◀ (insert r	no.) 📙 49	47(a)(1) or	527					If "No	o," attach	a list (	see instructio	ıns)
	Webs		<u> </u>		<del></del>	7.7								xemption			
_		organization		ooration L	Trust Ass	sociation LJC	Other >		L Yea	r of for	nation	20	00	M State	of legal	domicile N	Υ
Ρá	rt I	Summ								TL.			- ( 0	la a d'a a s	24 - 4 -	-1 - 5 9.4	
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ė		is to pro	viae n	iign-qui	ality secul	iar and Je	wish rei	igious eau	ication.		<b></b> -					• • • • • • • • • • • • • • • • • • • •	
Activities & Governance	·						<b></b>										
ver	_ '	Ob 1. #			e organization			tono or dino	and of mar	o than	1E0/ of						
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ţ				•	teers (estin					•				6	<del>                                     </del>		35
⋖					ousiness re			(III. column	 .(C) line	12	•		•	7a	<del> </del>		0
					s taxable in					12.	•		•	7b	+		
-												Pri	or Ye	ar	1	Current Ye	ar
	8	Contribut	tions ar	nd gran	nts (Part VI	لطt III. line	-EN	ED C	2/				5	18,111		53	9,454.
J.	1			_	ue (Part V		CELY	· \(\frac{1}{2}\)	5 <b>/</b>	•			1,0	92,503		1,16	0,304.
Revenue		_			art VIII, con	1 1	nes 3. 4	ane(1/2/b)	$\widetilde{\mathcal{M}}$	•							
œ	11	Other rev	venue (I	(Part VII	li, column	(A) lines 5	6d.28c	, 9c, 10c,	and 1 1e)								
	12	Total reve	enue-a	add line:	ll, column s 8 through	Must e	qual Par	rt VIII. cetti	nn (A) lin	e 12)			1,6	10,614		1,69	9,758.
	13	Grants a	nd sımı	ıılar amo	ounts paid	(Part IX, c	olumn	A)Nines 1	8)								
					members		11		·								
Expenses	15	Salaries,	other co	ompens	ation, empl	loyee bene	Hs (Part	IX, column	(A), lines !	5–10)			6	30,433		64	7,995.
ben		Ba Professional fundraising fees (Part IX, column (A), line 11e)															
찣	ь	Total fund	draising	g expen	ses (Part IX	(, column (E	)), line 25	5) ▶				- 3 - 3 - 3		WO'T		A COLOR	
	17	Other exp	penses	s (Part 1	X, column	(A), lines 1	11a-11d	, 11f–24f)						70,779	-	1,04	3 <b>,409</b> .
					nes 13-17			X, column	(A), line 2	25)	.		1,6	01,212		1,69	<u>1,404</u> .
. 10		Revenue	less exp	penses.	. Subtract I	ine 18 from	line 12	•	· · · · · ·	• •	-			9,402			<u>8,354.</u>
ts or											Begi	nning		rrent Yea	+	End of Yea	
Sse	20	Total ass									·			35,791	-		9,250.
Net Assets Fund Balanc	21	Total liab							•					45,939 20,050	+		8,014.
	22 rt II			Block	ances. Sub	otract line	21 from	line 20.						89,852	<u> </u>	40	1,236.
T. C	u u				Teclare that	I have exami	ned this re	turn, including	accompar	ovina sc	hedules	and s	statem	ents, and	to the	hest of my kr	nowledge
		and belie	i is tru	ue, correc	t, and comple	ete Declarati	on of prep	arer (other th	an officer) is	based	on all ii	nform	ation	of which	prepare	has any kno	owledge
Sig	ın		0 h	11\									16	BB	14	2011	
He		Sign	attare of c	officer									Date	)		<del>/ 1</del>	
		1 3	150	002	. 54v	STERM	$h_{K}$	- 1) 16	2.								
		Туре	or print	name an					•							· · ·	
		Preparer's	s 👠						Date		Check	ıf				ing number	
Daid	,	signature									self- employ	yed ▶		(see instri	uctions)		
Paid	_																
	oarer's	Firm's na		ours								EIN		<b>&gt;</b>	:		
use	Only	if self-employed), address, and ZIP + 4							Pho	ne no	<b>&gt;</b> (	)					
Ma	y the	IRS discu	uss this	s return	with the p	oreparer sh	own ab	ove <sup>2</sup> (see	ınstructio	ns)						Yes [	No
					eduction A							Cat N	lo 112	282Y		Form <b>99</b> (	2009)
		•	•			•		-							1	$\sim$ $\sim$	r,

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The mission of Cheder Chabad of Monsey is to provide high-quality secular and Judaic studies education for children from nursery through eighth grade.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$1,437,694. including grants of \$0.) (Revenue \$1,160,304.)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	<del></del>
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4C	(Code) (Expenses #) (nevenue #)
	•
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	······································
	Other program convece (Decembe in Schodule O.)
4u	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

Pa	rt IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓_
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	_	1
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	~ ) '	1	, ,
•	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		ا بر	,
•	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.	, - 2	egu Virgini	<u>-</u>
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X.	3 4 3	7.53	\$2.1 − }
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	# <i>≱</i> 2	种物态	<u>;</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	F. A.		1000
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b>✓</b>	
	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? <i>If "Yes," complete Schedule F, Part I</i>	14b		✓
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		<b>✓</b>
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		1
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		✓
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		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		<b>√</b>
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pa	rt IV Checklist of Required Schedules (continued)		<u>-</u> -	-90
			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		1
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		1
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? If "Yes," complete Schedule J	23	<b>*</b>	
24a	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, 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		✓
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		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a		<b>√</b>
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		<b>√</b>
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		. ·	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a 28b		<b>√</b>
С	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		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		✓
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
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		<b>✓</b>
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		✓
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		✓
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		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			-
	U.S. Information Returns. Enter -0- if not applicable	7	4	,
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		K.	,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 4	· ,	٠.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 52	12.		, .
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		;	
	instructions)	, ,		·
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		تَنْ عَالَ	/
	this return?	3a 3b		<b>✓</b>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	30		<u> </u>
44	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		ł	
	account)?	4a		1
h	If "Yes," enter the name of the foreign country ▶	<u> </u>		<b>-</b>
~	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	m		· ·
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	٠,	,
-	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ. <i>'</i>	,	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		<u>ر - ۲۰</u>	,
	benefit contract?	7e 7f		. <u>v</u>
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
•••	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	310		,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		6.	,
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>, -  </del>	<b>√</b>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12		- 1	
a h		.	Į	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	. 1	` <u> </u>	
	Gross income from members or shareholders	in the		٠.
	Gross income from other sources (Do not net amounts due or paid to other sources against	,		
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	ı - T	. \	

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	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		,	, ,
b	Enter the number of voting members that are independent			_ ^
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		* * * * * * * * * * * * * * * * * * * *	İ
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>V</b>
6	Does the organization have members or stockholders?	6		<b>✓</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		,	,
	the year by the following			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Hev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	<b>✓</b>	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	٠, .	- 1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<b>✓</b>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<b>✓</b>	
13	Does the organization have a written whistleblower policy?	13	<b>✓</b>	
14	Does the organization have a written document retention and destruction policy?	14	<b>√</b>	
15	Did the process for determining compensation of the following persons include a review and approval by		ें दें!	` .′
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	اسة		2.
	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>	
þ	Other officers or key employees of the organization	15b	<del>√</del>	<del></del>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	٠.		
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			j
	with a taxable entity during the year?	16a		<del></del> -
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	` • ]		'
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	."	. ~-	
Sec	tion C. Disclosure	16b]		
17 18	List the states with which a copy of this Form 990 is required to be filed New York  Section 6104 requires an argument to make the Forms 1003 for 1004 to prolectly) 200, and 200 T (5016)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s (	only)	
	available for public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  Upon request			
10	— — — —			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict organization makes its governing documents.	ot inte	rest	
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and recording anization.   Chaim Bloch, P.O. Box 1204, Monsey, NY 10952	as of	the	
	telephone: 845-356-1213			

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

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

1a Complete this table for all persons required to be listed. 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.

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (e	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Yisroel Schulman, Esq. President	10	/		/				0.	0.	0.
David Novack, Esq. Vice President and Secretary	10	<i>'</i>		<b>v</b> ✓				0.	0.	0.
Mordechai Litzman, Esg. Treasurer	10	1		1				0.	0.	0.
Avraham Hayman Director	10	1						0.	0.	0.
Yitzchok Lypcz Director	10	<b>✓</b>						0.	0.	0.
Gershon Sabol Director	10	1						0.	0.	0.
Rabbi Yisroel Shusterman Dean	20				1			16,500.	0.	0.
Rabbi Avroham Wolowik Prinipal	30				1			36,107.	0.	0.
								· · · · · · · · · · · · · · · · · · ·		<del></del>

Pa	t VII Section A. Officers, Directors, Tru		/ Emp	loy	_		d Hig	nes	T		ontinued)
	(A)	(B)	D4	•		C)	45-4	- 6 3	(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
				-							
											i
1b	Total				1		l	<u> </u>	52,607.	0	0
2	Total number of individuals (including but r	not limited	to the	se	liste	ed a	bove			<del></del>	
	reportable compensation from the organiza	ition ► 0									
											Yes No
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete So							oye	e, or highest o	ompensated	3
4	For any individual listed on line 1a, is the sthe organization and related organizations individual	um of repo	ortabl	ес	omp	ens	ation				4
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue Yes," comp	comp olete S	ens Sch	satio	on f le J	rom i	any <i>uch</i>	unrelated org		5 1
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest co- compensation from the organization.	ompensate	d inde	ере	nde	nt c	ontra	cto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
					-						
						• • • •					
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	hose	liste	ed above) who	received :	n

Par	t VII	Statement of Reve	nue	· · · · · ·				
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
gifts, grants	b	Federated campaigns Membership dues Fundraising events	1a 1b 1c	0. 0. 1,679.		revenue		512, 513, or 514
Contributions, gift and other similar	e f g	Related organizations Government grants (contributions) All other contributions, gifts, grant and similar amounts not included in Noncash contributions included in	tions). 1e nts, diabove 1f	64,557. 473,218.				making in the same of the same
<u>ه</u> ت	h	Total. Add lines 1a-1f .	<del></del>	<u> ▶</u>	539,454.		May 18 Town	5 A & M
Service Revenue	2a b c	Tuition		Business Code	1,160,304.	1,160,304.	0.	0.
S	l e							
Program	f g	All other program service <b>Total.</b> Add lines 2a-2f	revenue .	•	1,160,304.		Table 1	-
	3 4 5	Investment income (included other similar amounts). Income from investment of talknown and income from investment of talknown income from investment of talknown income from income (included income from income f	ax-exempt bond	d proceeds		,		
	b	Gross Rents . Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				* 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other			1 / 5 / 4	
	С	Less cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) .		•				g to the second
. Revenue	8a		fundraising on line 1c).					
Other Re		Less direct expenses . Net income or (loss) from	b	vents				e descriptions
	9a	Gross income from gaming See Part IV, line 19			A STATE OF THE STA			
		Less direct expenses Net income or (loss) from	gaming activi	ties . ▶	* * * * * * * * * * * * * * * * * * * *		<u> </u>	
	b	Gross sales of inventoreturns and allowances. Less cost of goods sold Net income or (loss) from s	a	ory ▶			<u> </u>	
		Miscellaneous Revenue		Business Code	· · · · · · · · · · · · · · · · · · ·	,	-	-
	11a b c	All other revenue						
	е	Total. Add lines 11a-11d		•				Jan 1
	12	Total revenue. See instru	ctions	🕨	1,699,758.	1,160,304.	0.	0.

### Part IX Statement of Functional Expenses

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

	All other organizations must complete co				(C), and (D).
	o not include amounts reported on lines 6b, p, 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			10 c thu	n de la
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			· · · · · · · · · · · · · · · · · · ·	<b>新聞館</b>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_	1 1	
5	Compensation of current officers, directors, trustees, and key employees	48,582.	0	48,582.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	550,214.	550,214.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		<u> </u>		71
10	Payroll taxes	49,203.	45,179	4,024.	0
11	Fees for services (non-employees).				
_	Management				<u> </u>
b	Legal	2,365.	0.	2,365.	
C	Accounting	2,303.	0.	2,303.	0.
d	Lobbying		-1,- ' '		
	Professional fundraising services. See Part IV, line 17		,		<del></del>
f	Investment management fees			<del></del>	·
_	Other	345.	345.	0.	0
12 13	Advertising and promotion  Office expenses	105,621.	<del></del>	105,621.	Û.
14	Information technology	6,741.	<del></del>	6,741.	0.
15	Royalties				<u> </u>
16	Occupancy	381,147.	381,147.	0.	0.
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses				***
19	for any federal, state, or local public officials Conferences, conventions, and meetings.				
20	Interest	1,397.	1,397.	0.	0.
21	Payments to affiliates	-,,	1,001.		
22	Depreciation, depletion, and amortization.				<del></del>
23	Insurance	53,929.	0.	53,929.	0.
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.)		はなかった サイン		
а	Food	183,970.	183,970.	0.	0.
b	School Programming	273,842.		0.	0.
c	Busing	1,600.	1,600.	0.	0.
d	Credit Card Discount Fees	14,170.	0.	14,170.	0.
е	Equipment Leasing	5,927.	0.	5,927.	0.
	All other expenses See other expenses stm	12,351.	0.	12,351.	0.
25	Total functional expenses. Add lines 1 through 24f	1,691,404.	1,437,694.	253,710.	0.
26	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				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	53,462.	1	106,377.
	2	Savings and temporary cash investments	52,804.	2	55,748.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	199,855.	4	161,529.
	5	Receivables from current and former officers, directors, trustees, key	The state of the	- ;	" " " " " " " " " " " " " " " " " " "
		employees, and highest compensated employees. Complete Part II of Schedule L	Militarist of disc	' 5	1
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	The second second	6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	· 李维尔		الم الما الما الما الما الما الما الما
	ь	Less accumulated depreciation 10b	129,670.	10c	135,596
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV. line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	435,791.	16	459,250
	17	Accounts payable and accrued expenses	15,093.	17	35,763.
	18	Grants payable	, -	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		176	
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	30,846.	25	22,251.
es	26	Total liabilities. Add lines 17 through 25	45,939.	26	58,014.
		complete lines 27 through 29, and lines 33 and 34.	E Markenster 12	a'. ·	
ılaı	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
Fund Balanc	29	Permanently restricted net assets	A M. A STORM THE T. A.	29	
or Fu		Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	389,852.	32	401,236.
Ne	33	Total net assets or fund balances	389,852.	_33	401,236.
	34	Total liabilities and net assets/fund balances	435,791.	34	459,250.

Pai	t XI Financial Statements and Reporting		-	
		(Support	Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other	1.79		° 3≥ .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	F ( 4)		2
	Schedule O.		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	25. 3	•	
	Schedule O.	S 30	·* (4.	-
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. 2
	issued on a consolidated basis, separate basis, or both	3	- A	ļ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	3-45		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
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	3b		

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

a 🗌 Type I

509(a)(1) or section 509(a)(2).

**b** Type II

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.

OMB No. 1545-0047

2009

Open to Public Inspection

d Type III-Other

**Employer Identification number** Name of the organization **Cheder Chabad of Monsey** 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 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). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 33½ % 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 331/8 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 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.

e 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

c ☐ Type III-Functionally integrated

f		ization received , check this box	a written determinati		the IRS	that it is	a Type I	l, Type II. · · ·	or Type	III suppoi	ting . □
9	Since Augus following pe		the organization acce	pted any	gift or c	ontribution	on from a	iny of the			<u> </u>
			r indirectly controls, entire supplying body of the supplying					is describ		11g(i) Ye	s No
h	(iii) A 35% c	ontrolled entity	rson described in (i) a of a person described ation about the suppo	l ın (ı) or	(ii) above	?				11g(ii) 11g(iii)	<u></u>
• • •	e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S?	(vii) Amoi suppo	
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No		
											_
										_	
	<u> </u>									_	
Total											

	Support Schedule for Org (Complete only if you ched					and 170(b)(1	I)(A)(VI) 
	tion A. Public Support	<del></del>	T		1	1	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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						
4	Total. Add lines 1 through 3	SW N					
5 6	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)						
_	tion B. Total Support	بماست عرف فالمعالم	المستدينة المستدينة المستدينة المستدينة	<u>Lucius d'Allanda de la companya de </u>	/ <u>!</u>	li	<u></u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		\ <u></u>		<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			-			
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10 .	Service State	2000				L
2	Gross receipts from related activities, etc.					12	
3	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>				on 501(c)(3)
sec	tion C. Computation of Public Su			<del></del>		T	
4	Public support percentage for 2009 (line	• • • • • • • • • • • • • • • • • • • •	-	1, column (f))		14	<u>%</u>
5	Public support percentage from 2008 Sc			• • • • •		<u> 15  </u>	
6a	33% % support test – 2009. If the organ and stop here. The organization qualifies	s as a publicly	supported orga	nization			▶ [
	33% % support test—2008. If the organization quality and stop here. The organization quality and stop here.	alifies as a pub	licly supported	organization .			▶□
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	facts-and-circu	mstances" test,	check this box	and stop here	. Explaın ın Part	IV how the
ь 18	10%-facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization did	facts-and-circurances" test. The	nstances" test, o organization qui	check this box alifies as a publi	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the

	,						
	till Support Schedule for Orga	nizations De	escribed in S	Section 509(a	a)(2)		Page 3
	(Complete only if you checke	ed the box o	n line 9 of Pa	art I.)			
	tion A. Public Support	41000	T	4-1-0007	(1) 0000	1 (1,000	7 (0 Table
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
6	Total. Add lines 1 through 5				-		_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		CONTRACT		#27. T. S. S. S. C. 259.	The second	9
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	1.) 0005	4.2.0000	(-) 0007	(-1) 0000	1 1 2000	(0 Table
_	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt	h, or fifth tax y	ear as a secti	on 501(c)(3)
Sec	tion C. Computation of Public Su	<del></del>				T-2 T	<del></del>
15 16	Public support percentage for 2009 (line Public support percentage from 2008 statements)					15	<u></u> %_
<u>16</u> Sec	tion D. Computation of Investmen			<u> </u>	· · · ·	16	%_
17	Investment income percentage for 200			d by line 13. c	olumn (fl) .	17	%
18	Investment income percentage from 20					18	%

19a 33% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup33%% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Schedule A (Fo	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Informatio Part II, line 17a or 17b; an	n. Complete this d Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
	••••••••••••••••••••••••••••••				
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#### SCHEDULE D (Form 990)

## **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
2009
Open to Public

Inspection

4073308

Department of the Treasury Internal Revenue Service Name of the organization

**Cheder Chabad of Monsey** 

Employer identification number

13 :

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ ..... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **•** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items:

\$ ......

Page	2
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Par	t III Organizations Maintaining C	Collections of Art, Hi	istorical Treasure	s, or Other Sim	ilar Assets (continued)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and other reco	rds, check any of th	ne following that a	are a significant use of its
а	Public exhibition	d		nange programs	
b	Scholarly research	e	☐ Other	• • • • • • • • • • • • • • • • • • • •	
C	Preservation for future generations				
4	Provide a description of the organization Part XIV.	n's collections and exp	lain how they furthe	er the organizatio	n's exempt purpose in
5	During the year, did the organization solicil assets to be sold to raise funds rather than	t or receive donations on to be maintained as p	f art, historical treasu art of the organizatio	ures, or other simi in's collection? .	lar 
Par	Escrow and Custodial Arran IV, line 9, or reported an amount			answered "Yes"	to Form 990, Part
					sets not Yes No
b	If "Yes," explain the arrangement in Part	: XIV and complete the	following table:	C	
				<del> </del>	Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			. <u>1e</u>	
f	Ending balance			. 1f	
2a b	Did the organization include an amount If "Yes," explain the arrangement in Part		ine 21?		Li Yes Li No
Par	t V Endowment Funds. Comple	ete if the organization	n answered "Yes"	' to Form 990, I	Part IV, line 10.
	(a)	Current year (b) Pro			
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains,				
	and losses		Est No.		
	Grants or scholarships				
e	Other expenditures for facilities	Ì			
	and programs		200		
f g	Administrative expenses End of year balance				
2	Provide the estimated percentage of the	•	d as.		
а	Board designated or quasi-endowment				
b	Permanent endowment ▶ 9	6			
C	Term endowment ▶ %				
3a	Are there endowment funds not in the posoganization by:	ssession of the organiz	ation that are held a	ind administered (	for the Yes No
	m				3a(i)
	time 1 to 1 to 1				3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations		d on Schedule R?		3b
4	Describe in Part XIV the intended uses of				
Par	t VI Investments—Land, Buildir	igs, and Equipment	. See Form 990, F	Part X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
19	Land	0.	0.		0.
	Buildings	0.	0.		0. 0.
	Leasehold improvements	0.	51,718.		0. 51,718.
	Equipment	0.	38,078.		0. 38,078.
	Other	0.	45,800.	<del></del>	0. 45,800.
	I. Add lines 1a through 1e. (Column (d) must			;).)	► 135,596.

Part VII Investments—Other Securities	. See Form 990, Part >	K. line 12.	rage <b>U</b>
(a) Description of secunty or category (including name of secunty)	(b) Book value	(c) Method of valu	
			and raise
Financial derivatives			
Other			
Other			
		<del>-</del>	
		<del>-</del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related	1 See Form 990, Part )	X line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value	estion
(a) Description of investment type	(b) DOOR Taldo	Cost or end-of-year ma	
		<u></u>	
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Par	t X, line 15.		
	(a) Description		(b) Book value
			<del> </del>
			ļ
			<u> </u>
			-
Total. (Column (b) must equal Form 990, Part X, col. (l	B) line 15.)		ļ
Part X Other Liabilities. See Form 990, I			
1. (a) Description of liability	(b) Amount		
Federal income taxes		0.	
Chase Line of Credit	1,15		
Chase Business Loan	15,89		
Capital One Credit Card	5,20	<del>)8.</del>	
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	22,25	51.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

chec	lule D (Form 990) 2009	Page
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV.)	
_	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	5 Detum
		1
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities   2a	
a	Definited services and use of identities	
b	Prior year adjustments	
c d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ACC
7 2	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
h	Other (Describe in Part XIV.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Par	t XIV Supplemental Information	
ınd	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information.	

#### SCHEDULE E (Form 990 or 990-EZ)

#### **Schools**

 Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Open to Public

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

4073308 **Cheder Chabad of Monsey** YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . . . . . . . . . Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, If "No," please explain, If you need more space, use Schedule O (Form 990) . . . . . . . Our school's written public materials describe our non-discrimination policy. Does the organization maintain the following? 4a a Records indicating the racial composition of the student body, faculty, and administrative staff? . Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990). \_\_\_\_\_\_ Does the organization discriminate by race in any way with respect to: 5a 5b Admissions policies? 5c Employment of faculty or administrative staff? . . . . . . . . . . . 5d Scholarships or other financial assistance? . . . . . 5e Educational policies? 5f Use of facilities? . 5g Athletic programs? . If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . 6b b Has the organization's right to such aid ever been revoked or suspended? . . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

Open to Public Inspection

4073308

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**Cheder Chabad of Monsey** 

► Attach to Form 990. ► See separate instructions. Name of the organization

Part I **Questions Regarding Compensation** Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant ☐ Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement?..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization?............. 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization?.......... 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

#### **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Information to Form 990**

**Employer Identification number** 

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Cheder Chabad of Monsey	13	4073308
Part VI, Line 10: Form 990 distributed to the Board for review prior to submission.		
	<b>-</b>	••••
Part VI, Line 12c: Cheder Chabad of Monsey has a written conflict of interest policy which	all dire	ectors and key
employees are required to sign on an annual basis. The president of the corporation serve	es as th	ne chief compliance
officer.		
	<b></b>	••••
Part VI, Line 15b: The organization reviewed comparable salaries for its key staff and has	determ	nined that its pay
schedule is substantially below market value.		
		·
Part VI, Line 19: Documents are available upon request.		
Schedule E, Line 6B: The organization receives support from the Federal E-Rate program	and Sc	hool Food Program.
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		•
	•	·
	~ <del>-</del>	•
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	••••	

Form 990 Se	atement of Fund Other E	<del>-</del>	ses:	2009
Name As Shown on Return Cheder Chabad of Monsey			Employer Iden 13-407	
Form 990, Page 10, Part IX, Line	24f			
Other Expenses Stmt				
All other expenses(itemized):	(A) Total	(B) Program services	(C) Management and general	<b>(D)</b> Fundraising
Banking Charges	3,142.	0.	3,142.	0.
Payroll Administration	4,376.	0.	4,376.	0.
Outside Printing	4,833.	0.	4,833.	0.
Total	12,351.	0.	12,351.	0.