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### Form 990

### Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements 2010 9/01 2009, and ending For the 2009 calendar year, or tax year beginning Employer Identification Number Check if applicable Please us IRS label 20-1051051 Yeshıvas Meor HaTorah of Chicago Address change or print or type. 3635 West Devon Avenue E Telephone number Name change Chicago, IL 60659 See specific 773-465-0419 Initial return Instruc-Termination 787,480. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates Eliyahu Millen F Name and address of principal officer Yes Application pending H(h) Are all affiliates included? Same As C Above If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (3 ) ◄ (insert no.) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number L Year of Formation 2004 M State of legal domicile X Corporation Other ► Form of organization Trust Association Part Summary To operate an 8th, 9th, 10th and 11th Briefly describe the organization's mission or most significant activities <u>grade parochial/religious school.</u> Governance If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Δ Number of independent voting members of the governing body (Part VI, line 1b) 31 5 Total number of employees (Part V, line 2a) 6 50 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a 0. 7b 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 393<u>,980.</u> 126,419 Contributions and grants (Part VIII, line 1h) 223,136. 11,768. Program service revenue (Part VIII, line 2q) 166. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 67. 10 -16,747.62,892. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 121,507 680.174. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 156,008 662,737. Salaries, other compensation, employee benefits (Part 1) line Ilian 16a Professional fundraising fees (Part IX, column (A) 380 b Total fundraising expenses (Part IX, column (D), In (25) ▶ š Other expenses (Part IX, column (A), lines 11a-11b, 11f-24hEB 28 39,856 483,041. SCANZED MAR 17 2011 HIS MARKET -195,864 1,145,778. Total expenses. Add lines 13-17 (must equal Part X4 column (A), line 25) -74,357-465,604. Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 2,088,571. 2,209,589. 2,325,582. 20 Total assets (Part X, line 16) 2,912,204. 21 Total liabilities (Part X, line 26) -121,018 -586,622. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this refurn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than difficer) is based on all information of which preparer has any knowledge 2/18/11 Sign Signature of officer Here Dean Type or print name and title Preparer's identifying number (see instructions) Date Check if self-employed Paid 7/2/11 Preparer's Presignature N/A parer's Kessler, Orlean, Silver & Co. Firm's name (or Use 1101 Lake Cook Road, Suite C N/A Only EIN Deerfield, IL 60015-5233 580-4100 (847)May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09

| Form <b>990</b> (2009) Yeshivas Meor  | HaTorah of Chicago  | 20-               | 105105       | 1                |       | Page :       |
|---|---|-------------------|--------------|------------------|-------|--------------|
| Part III Statement of Program   | Service Accomplishments   |                   |              |                  |       |              |
| 1 Briefly describe the organization's mi                                      | ssion   |                   |              |                  |       |              |
| To operate an 8th, 9th  | , 10th and 11th grade parochial/relig   | ious schoo        | 1            |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   | <del>-</del> -    |              |                  |       |              |
|   |   |                   |              | - <b>-</b> -     |       |              |
| 2 Did the organization undertake any s  | ignificant program services during the year which were not lister   | d on the prior    | <del></del>  |                  |       |              |
| Form 990 or 990-EZ?   | ignificant program services during the year which were not liste  | a on the prior    |              | Yes              | X     | No           |
| If 'Yes,' describe these new services   | an Sahadula O   |                   | ب            |                  |       |              |
| ·   |   |                   |              | Yes              | X     | No           |
| -   | g, or make significant changes in how it conducts, any program  | i services:       | Ш            | 165              | M     | 110          |
| If 'Yes,' describe these changes on S   |   |                   |              | E017             | . (2) |              |
| 4 Describe the exempt purpose achieve<br>and 501(c)(4) organizations and sect | ements for each of the organization's three largest program servion 4947(a)(1) trusts are required to report the amount of grants | s and allocations | to others.   | the to           | otal  |              |
| expenses, and revenue, if any, for ea   | ach program service reported  |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
| 2002/09/00  | 070 500   |                   |              |                  |       | ٠.           |
| ta (Code) (Expenses \$_   |   | ) (Revenue        | \$           | 22               | 3,1   | <u>36.</u> ) |
| Provide schooling to 8  | th, 9th, 10th, and 11th grade student   | <u>s.</u>         |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              | - <del></del> -  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   | _            |                  |       |              |
| 4b (Code: ) (Expenses \$  | including grants of \$  | ) (Revenue        | Ś            |                  |       | )            |
| P (code:  | indicating grants of +  |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
| <b></b>   |   |                   | - <b></b> -  |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   | · · · · · · · · · · · · · · · · · · ·   |                   |              |                  |       |              |
| c (Code:) (Expenses \$_   | including grants of \$  | ) (Revenue        | \$           |                  |       | )            |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   | <del>-</del> | - <del>-</del> - |       |              |
|   |   |                   |              | - <del>-</del> - |       |              |
|   |   |                   |              | . <b></b> .      |       |              |
|   |   |                   | - <b>-</b>   | . <b></b> .      |       |              |
|   |   |                   |              |                  |       |              |
|   |   |                   | - <b></b> -  |                  |       |              |
|   |   |                   |              |                  |       |              |
| 4d Other program services. (Describe in                                       | Schedule ().)   |                   |              |                  |       |              |
| (Expenses \$  | including grants of \$) (Reve   | nue Ġ             |              |                  | ,     |              |
|   |   | ilue Y            |              | _                |       |              |
| 4e Total program service expenses 🕨   | 978,509.  |                   |              |                  |       |              |

|            |   |     | Yes  | No         |
|------------|---|-----|------|------------|
|            | 1. 11   |     |      |            |
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1   | Х    |            |
| 2          | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   | Х    |            |
| 3          | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  | 3   |      | Х          |
| 4          | <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>  | 4   |      | Х          |
| 5          | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes' complete Schedule C, Part III  | 5_  |      |            |
| 6          | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6   |      | Х          |
| 7          | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II                                       | 7   |      | Х          |
| 8          | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8   |      | Х          |
| 9          | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9   |      | Х          |
| 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  |      | X          |
| 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  | X    |            |
| •          | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  |     |      |            |
| •          | Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII  |     |      |            |
| •          | 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  | ,   |      | <b>X</b> = |
| •          | 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                | . % | × ×  |            |
| 12         | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  | 12  |      | Х          |
| 12/        | AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No   |     |      | · · ×      |
|            | , , ,   |     |      |            |
|            | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13  | X    |            |
| <b>4</b> a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |      | _X_        |
| t          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I                             | 14b |      | Х          |
| 15         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II                                       | 15  |      | Х          |
| 6          | 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  |      | Х          |
| 17         | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I  | 17  |      | Х          |
| 8          | 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  | Х    |            |
| 9          | 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  |      | Х          |
| 20         | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H   | 20  |      | Х          |
|            |   |     |      |            |

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Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a 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 25 a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV \*\*\* 4 \$9.7 instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L. Part IV c 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 X 28c 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M X 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I Х 33 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 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 35 Х 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 36 Х 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

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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|     | Statements regarding other nest image and rax compliance  |            | Yes      | No           |
|-----|---|------------|----------|--------------|
| 1 a | a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0 if not applicable   |            | 165      | NO           |
| ŀ   | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.   |            |          |              |
| •   | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c         | -,       | Х            |
| 2   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 31  |            |          |              |
| 21  | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b         | X        | ļ. <u></u>   |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   |            |          | Š> .         |
| 3   | a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  | 3a         |          | Х            |
| ŧ   | b If 'Yes' has it filed a Form 990.T for this year? If 'No,' provide an explanation in Schedule O   | 3b         |          | ļ            |
| 48  | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                          | 4a         |          | Х            |
| ŀ   | b If 'Yes,' enter the name of the foreign country.  | .          | <b>%</b> | 5            |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  | 1          |          | ``.          |
|     | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |          | X            |
| ŀ   | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |          | X            |
| •   | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?   | 5c         |          |              |
| 6   | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?   | 6a         |          | Х            |
| ŧ   | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?   | 6ь         |          |              |
| 7   | Organizations that may receive deductible contributions under section 170(c).   | 3          |          |              |
| á   | 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?   |            | *        | X            |
| ł   | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | 7b         |          |              |
| •   | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c         |          | Х            |
|     | d If 'Yes,' indicate the number of Forms 8282 filed during the year   | . 2        |          |              |
|     | e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |          | X            |
|     | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |          | X            |
|     | g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g         |          |              |
| _   | h 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 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8          |          | <br>!        |
| 9   | Sponsoring organizations maintaining donor advised funds.   |            |          |              |
| ā   | a Did the organization make any taxable distributions under section 4966?   | 9a         |          |              |
| ŧ   | b Did the organization make any distribution to a donor, donor advisor, or related person?  | 9b         |          |              |
| 10  | Section 501(c)(7) organizations. Enter  |            | Ž.       |              |
| á   | a Initiation fees and capital contributions included on Part VIII, line 12  |            | 7. I     |              |
| l   | b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | · :: }     |          |              |
| 11  | Section 501(c)(12) organizations. Enter:  |            | ·        |              |
| •   | a Gross income from other members or shareholders.  | > <b>]</b> |          | Ĩ            |
|     | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | }          |          |              |
| 12  | · · · · · · · · · · · · · · · · · · ·   | 12a        | اسسي     | ·            |
|     | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   | 1          |          | <b>4</b> . T |

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Form 990 (2009)

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

|      | Schedule O See mistractions  |   |                 |          |
|------|--|---|-----------------|----------|
| Sec  | ction A. Governing Body and Management   |   | <del>-,,-</del> | г        |
| •    | a Enter the number of voting members of the assessment to the  | <b>E</b> [                                | Yes             | No       |
|      | <ul> <li>a Enter the number of voting members of the governing body</li> <li>b Enter the number of voting members that are independent</li> </ul>  | 3 *                                       | . ]             |          |
|      |  |   |                 |          |
|      | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee or key employee? See Schedule 0   | 2   | X               | <u> </u> |
| 3    | Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?   | e direct supervision                      |                 | X        |
| 4    | Did the organization make any significant changes to its organizational documents  | 4   |                 | X        |
|      | since the prior Form 990 was filed?  |   |                 |          |
| 5    | Did the organization become aware during the year of a material diversion of the organization's asse   | ——————————————————————————————————————    |                 | X        |
| 6    | Does the organization have members or stockholders?  | 6   | <del></del>     | X        |
| 7 a  | a Does the organization have members, stockholders, or other persons who may elect one or more megoverning body?   |   |                 | <u>x</u> |
| ŧ    | <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other per  | sons? 7                                   | b               | X        |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken of the following   | during the year by                        |                 |          |
| a    | a The governing body?  | 8   | а               | X_       |
| t    | <b>b</b> Each committee with authority to act on behalf of the governing body?   | 8   | ь               | Х        |
| 9    | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O  | reached at the                            |                 | Х        |
| Sec  | ction B. Policies (This Section B requests information about policies not requi  | red by the Internal                       |                 |          |
| Reve | enue Code )  |   |                 |          |
|      |  |   | Yes             | No       |
|      | a Does the organization have local chapters, branches, or affiliates?  | 10  | a               | X        |
| t    | b If 'Yes,' does the organization have written policies and procedures governing the activities of such c<br>and branches to ensure their operations are consistent with those of the organization?  | chapters, affiliates,                     | ь               |          |
| 11   | Has the organization provided a copy of this Form 990 to all members of its governing body before fi   |   | <del></del>     | X        |
|      |  | ee Schedule O 🔀                           |                 | سسسقم    |
|      | a Does the organization have a written conflict of interest policy? If 'No,' go to line 13   | 12  | a               | <u>X</u> |
| t    | b Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?   | uld give rise                             | ь               |          |
| C    | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Schedule O how this is done   | 'Yes,' describe in                        | с               |          |
| 13   | Does the organization have a written whistleblower policy?   | _13                                       |                 | <u>X</u> |
| 14   | Does the organization have a written document retention and destruction policy?  | 14  |                 | X        |
| 15   | Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | I by independent                          |                 | ' ::     |
| a    | a The organization's CEO, Executive Director, or top management official   | 15  | a               | X        |
| Ŀ    | <b>b</b> Other officers of key employees of the organization   | 15  | b               | <u>X</u> |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)  |   |                 |          |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange<br>entity during the year?  | ment with a taxable                       | a               | X        |
| t    | b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to eval<br>in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org<br>status with respect to such arrangements? | uate its participation anization's exempt |                 |          |
| Sec  | ction C. Disclosures   |   | ~               |          |
| 17   |  |   |                 |          |
|      | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T inspection. Indicate how you make these available. Check all that apply.  | (501(c)(3)s only) available               | for put         | olic     |
|      | Own website Another's website X Upon request   |   |                 |          |
| 19   | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, constatements available to the public. See Schedule 0  | onflict of interest policy, ar            | nd financ       | cial     |
| 20   | State the name, physical address, and telephone number of the person who possesses the books ar Rabbi Eliyahu Millen 3635 West Devon Avenue Chicago 60659 77   | nd records of the organizat               |                 |          |
|      |  | : <b></b>                                 |                 |          |

Form **990** (2009)

BAA

Form 990 (2009)

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

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

| (A)             | (B)              | Sale a                         | iy C                  |         | c)           |                              | unc    | (D)  | (E)   | (F)   |
|-----------------|------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| Name and Title  | Average<br>hours | Posi                           | tion (                |         |              | hat app                      | ly)    | Reportable compensation from                             | Reportable compensation from                                  | Estimated   |
|                 | per week         | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from<br>the organization<br>(W-2/1099-MISC) | compensation from<br>related organizations<br>(W-2/1099-MISC) | amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| Eliyahu Millen  |                  |                                |                       |         |              |                              |        |  |   |   |
| Director        | 40               | Х                              |                       | X       | X            |                              |        | 67,887.  | 0.  | 0.  |
| Henoch Millen   |                  |                                |                       |         |              |                              |        |  |   |   |
| Director        | 5                | Х                              |                       |         |              |                              | }      | 0.   | 0.  | 0.  |
| Asher Kohn      |                  |                                |                       |         |              |                              |        |  |   |   |
| Director        | 5                | Х                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Norman T Finkel |                  |                                |                       |         |              |                              |        |  |   |   |
| Director        | 5                | Х                              |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Yishai Broner   |                  |                                |                       |         |              |                              |        |  |   |   |
| Director        | 5                | Х                              |                       |         |              |                              | 1      | 0.   | 0.  | 0.  |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              | 1      |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |
|                 |                  |                                |                       |         |              |                              |        |  |   |   |

TEEA0107L 11/10/09

| (A)   | (B)               |       |             | ·· <u>F</u> · | c)           |                              | ,     | (D)  | (E)   | (F)   |
|---|-------------------|-------|-------------|---------------|--------------|------------------------------|-------|--|---|---|
| Name and Title  | Average           | Posi  | tion (      |               |              | hat a                        | pply) | Reportable   | Reportable  | Estimated   |
|   | hours<br>per week |       | Institution | Officer       | Key employee | Highest compensated employee |       | compensation from<br>the organization<br>(W-2/1099-MISC) | compensation from<br>related organizations<br>(W 2/1099-MISC) | amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
| 1 b Total   |                   |       |             |               |              |                              | ▶     | 67,887.  | 0.  | 0.  |
| 2 Total number of individuals (including but not limited  | to those          | e lıs | ted .       | abov          | ve) v        | who                          | rece  | eived more than \$                                       | 100,000 in reportab   | le compensation   |
| from the organization   0   |                   |       |             |               |              |                              |       |  |   |   |
| <ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual</li> </ul> | ortable           | com   | pen         | satio         | on a         | nd d                         | othei | r compensation from                                      | om  | Yes No<br>3 X   |
| 5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch  | mpensa            | ation | froi        | m ar          | ny u         | nrela                        | ated  | organization for s                                       | services  | 5 X   |
| Section B. Independent Contractors  | edule 3           | 101 . | 3001        | per           | 301          |                              |       |  |   |   |
| <ol> <li>Complete this table for your five highest compensate<br/>compensation from the organization.</li> </ol>  | ed indep          | end   | ent         | cont          | ract         | ors                          | that  | received more tha  | an \$100,000 of   | · · · · · · · · · · · · · · · · · · ·   |
| (A)<br>Name and business addres   | s                 |       |             |               |              | <del></del>                  |       | Description o  | of Services   | (C)<br>Compensation   |
|   |                   |       |             |               |              |                              |       |  |   |   |
|   |                   |       |             |               |              |                              |       |  |   |   |
| 2 Total number of independent contractors (including to   | out not !         | ımıtı | ad tr       | the           | nce '        | icto                         | d ah  | ove) who recover   | d more than   | - Ange 2  |
| \$100.000 in compensation from the organization >   |                   |       | ou ((       | <i>-</i> 410  | /SE          | 1516                         | u ab  | ove, wito received                                       | a more uiall  | **************************************  |

| 1 2  | E VIII Statement of Revenue  |  |   |   |   |
|--|--|--|---|---|---|
| -  | en de la calendaria de la<br>Antigonia  | <b>(A)</b><br>Total revenue            | (B) Related or exempt function          | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS | 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lins 1a-1f h Total. Add lines 1a-1f  Business Code 2 a Tuition b c | 393,980.<br>223,136.                   | revenue  223,136.                       |   | 312, 313, 01 314  |
| PROGRAM SE   | f All other program service revenue.  g Total. Add lines 2a-2f   | ► 223,136.                             |   |   |   |
|  | <ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>   | ► 166.<br>►                            | 166.                                    |   |   |
|  | (i) Real (ii) Personal  6 a Gross Rents b Less rental expenses c Rental income or (loss)  d Net rental income or (loss)  |  |   |   |   |
|  | 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses  (i) Securities (ii) Other  |  |   |   |   |
|  | c Gain or (loss) d Net gain or (loss)  | ► ************************************ |   |   |   |
| OTHER REVENUE  | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18 a 170,198  b Less direct expenses b 107,306  c Net income or (loss) from fundraising events   |  |   |   | 62,892.   |
|  | 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b   |  |   |   |   |
|  | c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b  |  |   |   |   |
|  | c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a   |  |   |   |   |
|  | b  |  |   |   |   |
|  |  | ► 680,174.                             | 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 0.                                      | 62,892.   |

Part X 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).

|     | All other organizations must com  | (A)            | (B)                      | (C)  Management and                   | (D)<br>Fundraising     |
|-----|---|----------------|--------------------------|---------------------------------------|------------------------|
|     | 7b. 8b. 9b. and 10b of Part VIII.   | Total expenses | Program service expenses | general expenses                      | 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  |                |                          |                                       |                        |
| 4   | Benefits paid to or for members   |                |                          |                                       | - V                    |
| 5   | Compensation of current officers, directors, trustees, and key employees  | 67,887.        | 0.                       | 67,887.                               | 0.                     |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)  | 0.             | 0.                       | 0.                                    | 0.                     |
| 7   | Other salaries and wages  | 550,962.       | 500,082.                 | 50,880.                               | •                      |
| 8   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                | ,                        |                                       |                        |
| 9   | Other employee benefits.  |                |                          |                                       |                        |
| 10  | Payroll taxes   | 43,888.        | 35,549.                  | 8,339.                                |                        |
| 11  | Fees for services (non-employees)   |                |                          |                                       |                        |
| a   | Management  |                |                          |                                       |                        |
| ŧ   | Legal   | 581.           |                          | 581.                                  |                        |
| •   | Accounting  | 8,119.         |                          | 8,119.                                |                        |
| •   | 1 Lobbying  |                |                          |                                       |                        |
| •   | Prof fundraising svcs See Part IV, In 17  |                | :                        | etta v                                |                        |
| f   | Investment management fees  |                |                          |                                       |                        |
| ç   | Other   | 8,215.         |                          | 8,215.                                |                        |
| 12  | Advertising and promotion   | 18,780.        | 18,570.                  | 210.                                  |                        |
| 13  | Office expenses   | 14,998.        | 14,998.                  |                                       |                        |
| 14  | Information technology  |                |                          |                                       |                        |
| 15  | Royalties   |                |                          |                                       |                        |
| 16  | Occupancy   |                |                          |                                       |                        |
| 17  | Travel  |                |                          |                                       |                        |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                |                          |                                       |                        |
| 19  | Conferences, conventions, and meetings  |                |                          |                                       |                        |
| 20  | Interest  |                |                          |                                       |                        |
| 21  | Payments to affiliates  |                |                          |                                       |                        |
| 22  | Depreciation, depletion, and amortization   | 56,316.        | 56,316.                  |                                       |                        |
| 23  | Insurance   |                |                          |                                       |                        |
| 24  | covered above. (Expenses grouped together<br>and labeled miscellaneous may not exceed<br>5% of total expenses shown on line 25<br>below.)   |                |                          |                                       |                        |
|     | Tuition   | 154,336.       | 154,336.                 | · · · · · · · · · · · · · · · · · · · |                        |
| ŀ   | Food  | 57,438.        | 57,438.                  |                                       |                        |
|     | : Insurance   | 57,011.        | 55,276.                  | 1,735.                                |                        |
|     | Utilities   | 51,958.        | 51,958.                  |                                       |                        |
| •   | Computer - Consultant   | 15,691.        |                          | 15,691.                               |                        |
|     | All other expenses  | 39,598.        | 33,986.                  | 5,612.                                |                        |
| 25  | Total functional expenses Add lines 1 through 24f   | 1,145,778.     | 978,509.                 | 167,269.                              | 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. |                |                          |                                       |                        |
| BAA |   | ·              |                          |                                       | Form <b>990</b> (2009) |

| Part                     | K Balance Sheet  |                          |   |
|--------------------------|--|--------------------------|---|
|                          |  | (A)<br>Beginning of year | <b>(B)</b><br>End of year                   |
| 1                        | Cash – non interest bearing  | 74,346.                  | 1 43,688.                                   |
| 2                        | 3  |                          | 2   |
| a                        | Pledges and grants receivable, net   |                          | 3   |
| 4                        |  |                          | 4   |
| 5                        | •  |                          | 5   |
| 6                        |  | #1 <b>22</b> : 12        |   |
| - 1                      | and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L  |                          | 6   |
| A 7<br>S 8<br>T 8        |  |                          | 7   |
| S 8                      | Inventories for sale or use  |                          | 8   |
| T   9                    | Prepaid expenses and deferred charges  |                          | 9   |
| 10                       | a Land, buildings, and equipment cost or other basis.   10a   2,355,471  |                          |   |
| - 1                      | Complete Part VI of Schedule D   |                          |   |
|                          | <b>b</b> Less accumulated depreciation 10b 73,577  |                          | 10c 2,281,894                               |
| 11                       |  | ·- <del> </del>          | 11  |
| 12                       |  |                          | 12  |
| 13                       | •  |                          | 13  |
| 14                       | programme of the contract of t |                          | 14  |
| 15                       | · ·  |                          | 15  |
| 16                       |  |                          | 16 2,325,582                                |
| 17                       |  |                          | 17  |
| 18                       |  |                          | 18  |
| 19                       | • •  |                          | 19  |
| ¦   20                   |  |                          | 20  |
| • 1                      | ·  |                          | 21  |
| A 21                     | , , , , , , , , , , , , , , , , , , ,  |                          | 21  |
| L   22<br>T              | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  |                          | 22  |
| Ė 23                     | _  |                          | 23  |
| 24                       | · ·  |                          | 24  |
| 25                       | •  |                          | 25 2,912,204                                |
| 26                       | ·  |                          | 26 2,912,204                                |
| <del>-  </del>           | Organizations that follow SFAS 117, check here ► and complete lines  | 2,203,303.               | 2,312,204                                   |
| Ě                        | 27 through 29 and lines 33 and 34.   |                          |   |
| å 27                     | _  | I                        | & { % ''. ' 0 ' 27                          |
| š                        |  |                          | 28  |
| E   28<br>S   29         | • •  |                          | 29  |
| <b>R</b>                 | Organizations that do not follow SFAS 117, check here ► X and complete   | <u> </u>                 | <del>апраці з ченомих відпанаториче</del> т |
| _                        | lines 30 through 34.   |                          |   |
| นี้  <br>N   30          |  |                          |   |
|                          |  |                          | 30 31                                       |
| B   31                   | , , , , , , , , , , , , , , , , , , ,  |                          | <del></del>                                 |
|                          | 3-,,,,   |                          | 32 -586,622.                                |
| 8 33<br>C 33<br>S 34     |  |                          | 33 -586,622.                                |
| <sup>S</sup>   34<br>BAA | Total liabilities and net assets/fund balances   | 2,088,571.               | 34 2,325,582.<br>Form <b>990</b> (2009      |

| Form <b>990</b> (2009) Yeshivas Meor HaTorah of Chicac | Form <b>990</b> (2009) | Yeshivas | Meor | HaTorah | of | Chicag |
|--|------------------------|----------|------|---------|----|--------|
|--|------------------------|----------|------|---------|----|--------|

20-1051051

Page 12

| Part XI Financial Statements and Reporting   |    |     |       |
|--|----|-----|-------|
|  |    | Yes | No    |
| 1 Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other  |    |     |       |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O   |    |     |       |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | Х     |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?  | 2b |     | X     |
| c 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 Schedule O.  |    | • • | · X*, |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.   |    | * · | - 5-  |
| Separate basis Consolidated basis Both consolidated and separate basis   |    |     |       |
| 3a 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 |     | X     |
| 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 |     |       |

BAA

Form **990** (2009)

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

Department of the Treasury Internal Revenue Service

Total

**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.

nonexempt charitable trust.

2009

Open to Public Inspection

Employer identification number 20-1051051 Yeshivas Meor HaTorah of Chicago Part 1: Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(bX1XAXiii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) 11g (ii) a family member of a person described in (i) above? a 35% controlled entity of a person described in (i) or (ii) above? 11g (iii) Provide the following information about the supported organizations h (i) Name of Supported Organization (ii) EIN (iv) is the (v) Did you notify the organization in (vi) is the particular and a second (vii) Amount of Support (iii) Type of organization (described on lines 1-9 above or IRC sections)) (i) listed in your governing document? col (i) of our support? (i) organized in the No Yes No Yes No Yes

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

and stop here. The organization qualifies as a publicly supported organization

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

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

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

(Complete only if you checked the box on line 9 of Part I)

# Schedule A (Form 990 or 990-EZ) 2009 Yeshivas Meor HaTorah of Chicago Part III Support Schedule for Organizations Described in Section 509(a)(2)

| Sec  | tion A. Public Support   |  |  |   |   |  |                      |
|------|--|--|--|---|---|--|----------------------|
| Cale | ndar year (or fiscal yr beginning in)  | (a) 2005   | <b>(b)</b> 2006  | (c) 2007  | (d) 2008  | <b>(e)</b> 2009                                      | (f) Total            |
| 1    | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')   |  |  |   |   |  |                      |
| 2    | Gross receipts from  |  |  |   | <del> </del>  |  | <del>  -</del>       |
| 2    | admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt                         |  |  |   |   |  |                      |
| 3    | purpose 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   |  |  |   |   |  |                      |
| 7 a  | Amounts included on lines 1,<br>2, 3 received from disqualified<br>persons   |  |  |   |   |  |                      |
| b    | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of 1% of<br>the amount on line 13 for the<br>year |  |  |   |   |  |                      |
| C    | : Add lines 7a and 7b  |  |  |   |   |  |                      |
| 8    | Public support (Subtract line  |  | 8.2.1  | tő si ki  | Mark.   |  |                      |
|      | 7c from line 6)  | **** : :   |  |   |   |  | <u> </u>             |
| Sec  | tion B. Total Support  |  |  |   |   |  |                      |
| Cale | ndar year (or fiscal yr beginning in)  | (a) 2005   | <b>(b)</b> 2006  | (c) 2007  | (d) 2008  | <b>(e)</b> 2009                                      | (f) Total            |
|      | Amounts from line 6<br>Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income form<br>similar sources  |  |  |   |   |  |                      |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |  |  |   |   |  |                      |
| c    | : Add lines 10a and 10b  |  |  |   |   |  |                      |
| 11   | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on   |  |  |   |   |  |                      |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |  |  |   |   |  |                      |
| 13   | Total support. (add Ins 9, 10c, 11, and 12)  | *A   |  |   | 1   | , A C  |                      |
|      | First five years. If the Form 990 organization, check this box and   | stop here  |  | l, third, fourth, o   | r fifth tax year as   | a section 501(c)(                                    | 3) ▶ □               |
|      | tion C. Computation of Pu  |  |  |   |   |  | <del></del>          |
|      | Public support percentage for 20   | • •  | • •  | 13, column (f))   |   | 15   | %                    |
|      | Public support percentage from 2   |  |  |   |   | 16   | %                    |
|      | tion D. Computation of Inv   |  |  |   |   |  |                      |
| 17   | Investment income percentage for   |  |  |   | nn (f))   | 17   | _ %_                 |
| 18   | Investment income percentage fr  | rom <b>2008</b> Schedule   | e A, Part III, line 1  |   |   | 18   | %                    |
|      |  |  |  |   |   |  |                      |
| 19 a | 33-1/3 support tests - 2009. If th   | e organization did   | not check the bo   | x on line 14, and   | I line 15 is more the   | nan 33-1/3%, and<br>raanization                      | I line 17 is not ▶ □ |
|      | 33-1/3 support tests – 2009. If the<br>more than 33-1/3%, check this bit<br>33-1/3 support tests – 2008. If the  | ie organization did<br>ox and <b>stop here.</b><br>ie organization did                           | The organization not check a box   | qualifies as a put<br>on line 14 or 19a,                        | olicly supported or<br>, and line 16 is mo                        | ganization<br>ore than 33-1/3%,                      | . • 📗                |
|      | 33-1/3 support tests — 2009. If the more than 33-1/3%, check this be   | e organization did<br>ox and <b>stop here.</b><br>e organization did<br>this box and <b>stop</b> | The organization not check a box on the check a box of the organization of the organization of the check t | qualifies as a put<br>on line 14 or 19a,<br>cation qualifies as | olicly supported or<br>, and line 16 is mo<br>s a publicly suppor | ganization<br>ore than 33-1/3%,<br>rted organization | . • 📗                |

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

| 16  | shivas medi natorah di chicago  | )   | •  | 20-1051051  |
|-----|---|---|--|---|
| Pa  | TI Organizations Maintaining Dono   | or Advised Funds or Ot  | her Similar Funds or A   |   |
|     | the organization answered 'Yes'   | to Form 990, Part IV, III                                       | ne 6.  | 22  |
|     |   | (a) Donor advised   | I 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 don funds are the organization's property, subject   |   |  | Yes No  |
| 6   | Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.        | the benefit of the donor or dor                                 | ng that grant funds may be<br>nor advisor or for any other     | ∏Yes ∏No  |
| Pa  | ttil Conservation Easements Compl   |   | answered 'Yes' to Form   | <u> </u>  |
|     | Purpose(s) of conservation easements held by  |   |  | 330, 1 410, 17, 11110 71                                      |
| -   | Preservation of land for public use (e.g., re   | ,   | Preservation of an historic                                    | cally important land area                                     |
|     | Protection of natural habitat   | on outlon or production,  | Preservation of certified h                                    | •   |
|     | Preservation of open space  |   |  |   |
| 2   | Complete lines 2a through 2d if the organization last day of the tax year   | on held a qualified conservation                                | on contribution in the form of a                               | a conservation easement on the                                |
|     |   |   |  | Held at the End of the Year                                   |
| ŧ   | a Total number of conservation easements  |   | 2a   |   |
|     | Total acreage restricted by conservation easer  |   | 2b   |   |
|     | Number of conservation easements on a certif  |   |  |   |
| _   | Number of conservation easements included in  | • • •   | 2d   |   |
| 3   | Number of conservation easements modified,  | transferred, released, extingu                                  | ished, or terminated by the or                                 | ganization during the tax                                     |
|     | year >  |   |  |   |
| 4   | Number of states where property subject to co   | inservation easement is locate                                  | ed ►   |   |
| 5   | Does the organization have a written policy recand enforcement of the conservation easement   |   |  | ations, Yes No  |
| 6   | Staff and volunteer hours devoted to monitorin during the year  |   | _  |   |
| ,   | Amount of expenses incurred in monitoring, in during the year ▶   | specting, and enforcing conse                                   | ervation easements \$  |   |
| 8   | Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?   | •   |  | Yes No  |
| 9   | In Part XIV, describe how the organization rep<br>include, if applicable, the text of the footnote to<br>conservation easements                             |   |  |   |
| Pal | Till Organizations Maintaining Colle  | ections of Art, Historica                                       | al Treasures, or Other S                                       | imilar Assets   |
|     | Complete if the organization ans  | swered 'Yes' to Form 99   | 0, Part IV, line 8.  |   |
| 14  | a If the organization elected, as permitted under<br>treasures, or other similar assets held for publ<br>the text of the footnote to its financial statemen | ic exhibition, education, or re-                                | search in furtherance of public                                |   |
| ŧ   | of the organization elected, as permitted under<br>treasures, or other similar assets held for publi<br>amounts relating to these items.                    | SFAS 116, to report in its revice exhibition, education, or res | venue statement and balance<br>search in furtherance of public | sheet works of art, historical service, provide the following |
|     | (i) Revenues included in Form 990, Part VIII,   | line 1  |  | <b>-</b> \$   |
|     | (ii) Assets included in Form 990, Part X  |   |  | ►\$   |
|     | If the organization received or held works of a<br>amounts required to be reported under SFAS   | 116 relating to these items:                                    | er sımılar assets for financial ç                              | pain, provide the following                                   |
|     | Revenues included in Form 990, Part VIII, line  | 1   |  | <b>►</b> \$   |
| ŀ   | Assets included in Form 990, Part X   |   |  | ►\$   |

| Schedule D (Form 990) 2009 Yesh  |                             |                       |                             |               |   |               | 20-10                  |             |  | Page 2                |
|--|-----------------------------|-----------------------|-----------------------------|---------------|---|---------------|------------------------|-------------|--|-----------------------|
| Part III Organizations Mainta  | aining Colle                | ection                | s of Art, Hist              | torical       | Treasures,  | or Othe       | r Similar A            | ssets       | (conti                                 | nued)                 |
| 3 Using the organization's acquisit items (check all that apply)       | ion accession a             | and oth               | er records, chec            | ck any d      | of the following t  | hat are a     | significant use        | e of its c  | ollectic                               | n                     |
| a Public exhibition  |                             |                       | <b>d</b> Loan               | or exch       | ange programs   |               |                        |             |  |                       |
| <b>b</b> Scholarly research  |                             |                       | e U Other                   |               |   |               |                        |             |  | ·                     |
| c Preservation for future gener  |                             |                       |                             |               |   |               |                        |             |  |                       |
| 4 Provide a description of the orga<br>Part XIV                        |                             |                       |                             | •             |   |               |                        | se in       |  |                       |
| 5 During the year, did the organiza assets to be sold to raise funds i | rather than to b            | oe mair               | itained as part o           | of the or     | ganızatıon's col  | lection?      |                        | Yes         |  | No                    |
| Part IV Escrow and Custodia<br>9, or reported an amount                | al Arrangen<br>ount on Fori | <b>nents</b><br>m 990 | Complete if on Part X, line | organi<br>21. | ization answ  | ered 'Y       | es' to Form            | 990, F      | art IV                                 | /, line<br>           |
| 1a Is the organization an agent, trus included on Form 990, Part X?    | stee, custodian             | n, or oth             | ner intermediary            | for con       | tributions or oth   | er assets     | not                    | Yes         |  | No                    |
| <b>b</b> If 'Yes,' explain the arrangement                             |                             |                       |                             |               |   |               |                        |             |  |                       |
| -  |                             |                       |                             | _             |   |               |                        | Amour       | nt                                     |                       |
| c Beginning balance  |                             |                       |                             |               |   | 10            | :                      |             |  |                       |
| <b>d</b> Additions during the year                                     |                             |                       |                             |               |   | 10            | <del></del>            | <del></del> |  |                       |
| e Distributions during the year  |                             |                       |                             |               |   | 16            |                        |             |  |                       |
| f Ending balance   |                             |                       |                             |               |   | 1 f           | <u> </u>               |             |  | -1311                 |
| 2a Did the organization include an a                                   | amount on Forr              | n 990. I              | Part X. line 21?            |               |   |               | •                      | Yes         | ,                                      | No                    |
| <b>b</b> If 'Yes,' explain the arrangement                             |                             | ,                     | •                           |               |   |               |                        | ш           | '                                      | _                     |
| Part V Endowment Funds Co  |                             | rganiz                | ation answei                | red 'Y        | es' to Form '   | 990. Pa       | rt IV, line 1          | 0.          |  |                       |
|  | (a) Current                 |                       | (b) Prior year              |               | (c) Two years bad   |               | Three years back       |             | Four yea                               | rs back               |
| 1 a Beginning of year balance  |                             |                       | ,,,,,                       |               | <del>ord formform, ye</del>   |               |                        |             |  |                       |
| <b>b</b> Contributions   | ,                           |                       |                             | <u> </u>      |   |               |                        |             |  |                       |
| c Net Investment earnings, gains, and losses                           |                             |                       |                             |               |   |               |                        |             | <del> </del>                           | <del>ininin</del><br> |
| d Grants or scholarships   |                             |                       |                             | <u> </u>      | <del>la partifinunti la</del>   | - <del></del> | <del></del>            | 1           | · · ·                                  | ****                  |
| Other expenditures for facilities and programs                         |                             |                       |                             |               |   |               |                        |             | *<br>* : *                             |                       |
| f Administrative expenses  |                             |                       |                             |               |   |               |                        |             | ······································ | - 2.5                 |
| g End of year balance  |                             |                       |                             |               | - 20.37.2 <del>0.</del><br>32.4 · · · · · · · · · · · · · · · · · · · | %. <b></b> (  |                        |             |  |                       |
| 2 Provide the estimated percentage                                     | e of the vear e             | nd bala               | nce held as.                |               |   |               | <u> </u>               | 2342        | , , , , , , , , , , , , , , , , , , ,  | <del>} }</del>        |
| a Board designated or quasi-endov                                      | -                           |                       | %                           |               |   |               |                        |             |  |                       |
| <b>b</b> Permanent endowment ►   |                             | -                     |                             |               |   |               |                        |             |  |                       |
| c Term endowment ►   | *                           |                       |                             |               |   |               |                        |             |  |                       |
| 3a Are there endowment funds not a organization by                     | in the possessi             | on of th              | ne organization t           | that are      | held and admir  | nistered fo   | or the                 | ſ           | Yes                                    | No                    |
| (i) unrelated organizations  |                             |                       |                             |               |   |               |                        | 3a(i)       | 103                                    | 110                   |
| (ii) related organizations   |                             |                       |                             |               |   |               |                        | 3a(ii)      |  |                       |
| <b>b</b> If 'Yes' to 3a(ii), are the related of                        | organizations li            | ctad ac               | required on Sch             | hadula l      | D2  |               |                        | 3b          |  |                       |
| 4 Describe in Part XIV the intended                                    | _                           |                       | •                           |               |   |               |                        |             |  | J                     |
| art VI Investments—Land, E   |                             |                       |                             |               |   | X line        | 10                     |             |  |                       |
| Description of investment  |                             | <b>(a)</b> Cos        | t or other basis            | (b) (         | Cost or other isis (other)  | (c) Ac        | cumulated<br>reciation | (d) l       | Book V                                 | alue                  |
| 1 a Land.  |                             | - V.,                 |                             |               | 200,000.  |               |                        |             | 200                                    | ,000.                 |
| <b>b</b> Buildings   | <b>†</b>                    |                       |                             |               | 2,118,985.  | , <u></u>     | 50,589.                | 2           |  | ,396.                 |
| c Leasehold improvements   | ŀ                           |                       |                             |               | ,,  |               | ,                      |             | ,,,,,,,,                               | ,                     |
| <b>d</b> Equipment   | }                           | •                     |                             |               | 36,486.   |               | 22,988.                |             | 13                                     | ,498.                 |
| e Other  | }                           |                       |                             |               | 30, 100.  |               | , , , , , , ,          |             |  | ,                     |
| otal Add lines 1a through 1a (Column                                   | n (d) must sau              | al Form               | 000 Part V ==               |               | 2) /mo 10/o) )  | l             |                        |             | 201                                    | 901                   |

BAA

Schedule **D** (Form 990) 2009

Federal Income Taxes

Loan

2,912,204.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2,912,204.

<sup>2.</sup> 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

| Sched                        | ule D (Form 990) 2009 Yeshivas Meor HaTorah of Chicago  | 20-105       | 51 <u>051</u>                  | Page 4           |
|------------------------------|---|--------------|--------------------------------|------------------|
| Part                         | XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements   |              | N/A                            |                  |
| 1 T                          | otal revenue (Form 990, Part VIII,column (A), line 12)  |              |                                |                  |
| <b>2</b> T                   | otal expenses (Form 990, Part IX, column (A), line 25)  |              |                                |                  |
| <b>3</b> E                   | excess or (deficit) for the year Subtract line 2 from line 1  |              |                                |                  |
| 4 N                          | let unrealized gains (losses) on investments  |              |                                |                  |
| <b>5</b> D                   | Oonated services and use of facilities  |              |                                |                  |
| 6 li                         | nvestment expenses  |              |                                |                  |
| <b>7</b> F                   | Prior period adjustments  |              |                                |                  |
| 8 (                          | Other (Describe in Part XIV).   |              |                                |                  |
| <b>9</b> T                   | otal adjustments (net). Add lines 4 through 8   |              |                                |                  |
|                              | xcess or (deficit) for the year per audited financial statements. Combine lines 3 and 9   |              |                                |                  |
|                              | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per   |              | n N/A                          |                  |
|                              | otal revenue, gains, and other support per audited financial statements   | 1            |                                |                  |
|                              | mounts included on line 1 but not on Form 990, Part VIII, line 12   |              |                                |                  |
|                              | let unrealized gains on investments   | - 🎉 ·        |                                |                  |
|                              | Ponated services and use of facilities 2b   |              |                                |                  |
|                              | Recoveries of prior year grants 2c  |              |                                |                  |
|                              | Other (Describe in Part XIV)  | _            |                                |                  |
|                              | add lines 2a through 2d   | 2 e          |                                |                  |
|                              | Subtract line <b>2e</b> from line <b>1</b>  | 3            |                                |                  |
|                              | mounts included on Form 990, Part VIII, line 12, but not on line 1.   |              |                                |                  |
|                              | nvestments expenses not included on Form 990, Part VIII, line 7b  | <b>-</b>   ` |                                |                  |
|                              | Other (Describe in Part XIV).   | _ :          |                                |                  |
|                              | add lines 4a and 4b   | 4c           |                                |                  |
|                              | otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  | 5            | 17 / 3                         |                  |
|                              | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re   |              | N/A                            |                  |
|                              | otal expenses and losses per audited financial statements   | 1            |                                |                  |
|                              | mounts included on line 1 but not on Form 990, Part IX, line 25   | 1 1          |                                |                  |
|                              | Onated services and use of facilities 2a  |              |                                |                  |
|                              | Prior year adjustments 2b   |              |                                |                  |
|                              | Other losses 2c 2d 2d   |              |                                |                  |
|                              | Other (Describe in Part XIV).  2d  Add lines 2a through 2d  | 2e           |                                |                  |
|                              | Subtract line 2e from line 1  | 3            |                                |                  |
|                              | mounts included on Form 990, Part IX, line 25, but not on line 1:   | 7            |                                |                  |
|                              | nvestments expenses not included on Form 990, Part VIII, line 7b  | 15 3         |                                |                  |
|                              | Other (Describe in Part XIV)  |              |                                |                  |
|                              | Add lines 4a and 4b   | 4c           |                                |                  |
|                              | otal expenses Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I, line 18.)   | 5            |                                |                  |
|                              | XIV Supplemental Information  |              |                                |                  |
| Comple<br>line 4;<br>informa | ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV<br>Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa<br>ation. | /, lines 1i  | b and 2b; Pal<br>ovide any add | t V,<br>Intional |
|                              |   |              |                                |                  |
|                              |   | <b>-</b> -   |                                |                  |
| <b>-</b>                     |   |              |                                |                  |
| - <b></b> :                  |   |              |                                |                  |
|                              |   |              | <del>_</del>                   | <b>-</b>         |

# 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.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Yeshivas Meor HaTorah of Chicago

Employer identification number

| Ye: | shivas Meor HaTorah of Chicago  | 20-1051051            |         |   |              |
|-----|---|-----------------------|---------|---|--------------|
|     |   |                       |         | YES                                       | NO           |
| 1   | Does the organization have a racially nondiscriminatory policy toward students by statement in its chargoverning instrument, or in a resolution of its governing body?  | rter, bylaws, other   | 1       | X   |              |
| 2   | Does the organization include a statement of its racially nondiscriminatory policy toward students in all catalogues, and other written communications with the public dealing with student admissions, program and scholarships?   | Its brochures,<br>ns, | 2       | X   |              |
| 3   | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast meriod of solicitation for students, or during the registration period if it had no solicitation program, in a the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', pleaned more space, use Schedule O (Form 990) | way that makes        | 3       | X   |              |
|     | A resolution of the Board has been adopted. Publication of  |                       | *,      |   |              |
|     | non-discriminatory policy is currently being done. Such policy h  |                       | .⊗<br>• | ું<br>સ્ટેલ્ડ                             |              |
|     | will continue to be included in all brochures, catalogues and of written communications.  |                       |         |   | 74.<br>37.   |
|     | wifeten communications.   |                       |         |   | 72.7<br>74.4 |
| 4   | Does the organization maintain the following?   |                       | 7.      |   |              |
| •   | a Records indicating the racial composition of the student body, faculty, and administrative staff?   |                       | 4a      | X   |              |
|     | B Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   |                       | 4b      | Х   |              |
| •   | c Copies of all catalogues, brochures, announcements, and other written communications to the public of student admissions, programs, and scholarships?   | dealing with          | 4c      | Х   |              |
| •   | d Copies of all material used by the organization or on its behalf to solicit contributions?  |                       | 4d      | Х   |              |
|     | If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (F  | orm 990).             |         |   | ***          |
|     |   |                       | ]       |   | <i>&gt;</i>  |
| 5   | Does the organization discriminate by race in any way with respect to:  |                       | . %l    | 7.7                                       | X .          |
| ł   | a Students' rights or privileges?   |                       | 5a      |   | X            |
| ı   | b Admissions policies?  |                       | 5b      |   | Х            |
| •   | Employment of faculty or administrative staff?  |                       | 5c      |   | Х            |
| •   | d Scholarships or other financial assistance?   |                       | 5d      |   | Х            |
| •   | e Educational policies?   |                       | 5e      | _   | Х            |
| 1   | f Use of facilities?  |                       | 5f      |   | Х            |
| •   | g Athletic programs?  |                       | 5g      |   | Х            |
| ı   | h Other extracurricular activities?   | F 000\                | 5h      |   | Х            |
|     | If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (  | roim 990).            |         | ·   | ,            |
|     |   |                       |         |   |              |
|     |   | <b></b>               | · .     | **<br>**                                  |              |
| 6   | a Does the organization receive any financial aid or assistance from a governmental agency?   |                       | 6a      |   | X            |
|     | has the organization's right to such aid ever been revoked or suspended?  |                       | 6b      |   | Х            |
|     | If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990).   |                       |         | 0000000<br>110000000000000000000000000000 |              |
| 7   | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No.' explain on Schedule O (Form 990)  |                       | 7       | X   |              |

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

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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

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

2009

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Employer identification number Name of the organization 20-1051051 Yeshivas Meor HaTorah of Chicago Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants X Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key X No employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (or retained by) (i) Name of individual (iii) Did fundraiser (or retained by) (ii) Activity (iv) Gross receipts fundraiser listed in have custody or control from activity or entity (fundraiser) organization of contributions? col.(i) Yes No 0. Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

|                                      |          | <b>G</b> (Form 990 or 990 EZ) 2009 Yeshiva                                    |   |   | 20-10                                      |   |
|--------------------------------------|----------|---|---|---|--|---|
| Pai                                  | rt II    | Fundraising Events. Complete if reported more than \$15,000 on F              | f the organization a<br>Form 990-EZ, line 6 | answered 'Yes' to f<br>5a. List events with   | Form 990, Part IV,<br>i gross receipts gre | line 18, or<br>eater than \$5,000.                    |
|                                      |          |   | (a) Event #1 Dinner                         | <b>(b)</b> Event #2                           | (c) Other Events                           | (d) Total Events<br>(Add col (a) through              |
| R                                    |          |   | (event type)                                | (event type)                                  | (total number)                             | col <b>(c)</b> )                                      |
| REVENUE                              | 1        | Gross receipts  | 169,259.                                    |   |  | 169,259.  |
| E                                    | 2        | Less Charitable contributions   |   |   |  |   |
|                                      | 3        | Gross income (line 1 minus line 2)  | 169,259.                                    |   |  | 169,259.  |
|                                      | 4        | Cash prizes   |   |   |  |   |
| •                                    | 5        | Noncash prizes  |   | ,   |  |   |
| D<br>R<br>E<br>C<br>T                | 6        | Rent/facility costs   |   |   |  |   |
|                                      | 7        | Food and beverages  |   |   |  |   |
| X                                    | 8        | Entertainment   |   |   |  |   |
| E<br>X<br>P<br>E<br>N<br>S<br>E<br>S | 9        | Other direct expenses   | 106,147.                                    |   |  | 106,147.  |
| S                                    | 10       | Direct expense summary. Add lines 4- th                                       | arough 9 in column (d)                      |   | •  | 106,147.  |
|                                      | 11       | Net income summary Combine lines 3, o   | column (d) and line 10                      |   |  | 63,112.   |
| Pa                                   | rt II    | Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a              | zation answered 'Yo<br>a.                   | es' to Form 990, P                            | art IV, line 19, or re                     | eported more than                                     |
| REVENUE                              |          |   | (a) Bingo                                   | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming                           | (d) Total gaming<br>(Add col. (a) through<br>col (c)) |
| Ü                                    | 1        | Gross revenue   |   |   |  |   |
| Ε                                    |          | Cash prizes   |   |   |  |   |
| D X                                  | '        | . Casil prizes  |   |   |  |   |
| DIRECT                               | 3        | Non-cash prizes   |   |   |  |   |
| 3                                    | 4        | Rent/facility costs   |   |   |  |   |
|                                      |          | Other direct expenses   |   |   |  |   |
|                                      | 6        | Volunteer labor   | Yes%  | Yes%  | Yes%                                       |   |
|                                      | _        | Direct expense summary Add lines 2 thr  |   | <u> </u>                                      | <b>&gt;</b>                                |   |
|                                      | ١.       |   |   | lino 7  | •  |   |
|                                      | 8        | Net gaming income summary Combine I   | ines i, columni (u) anu                     | illie /                                       |  | YES NO  |
| 9                                    |          | ter the state(s) in which the organization op                                 |   |   | <u> </u>                                   |   |
|                                      |          | the organization licensed to operate gaminç<br>No,' explain <sup>.</sup>      | g activities in each of the                 | ese states?                                   |  | 9a  |
|                                      | _        |   |   |   | <b></b>                                    |   |
| 10                                   | a W      | ere any of the organization's gaming license                                  | es revoked, suspended                       |   | <br>tax vear?                              |   |
|                                      |          | Yes,' explain   | ,   |   |  |   |
|                                      |          |   |   |   | <b></b> ~                                  |   |
| 11                                   | Do       | es the organization operate gaming activities                                 | es with nonmembers?                         |   |  | 11  |
| 12                                   | ls<br>ad | the organization a grantor, beneficiary or tri<br>minister charitable gaming? | ustee of a trust or a me                    | mber of a partnership o                       | r other entity formed to                   | 12  |
| BAA                                  |          | minister orialitable gailing:   | TEEA3702L                                   | 02/05/10                                      | Schedule <b>G</b> (Fo                      | orm 990 or 990-EZ) 2009                               |

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| Schedule <b>G</b> (Form 990 or 990 EZ) 2009 Yeshivas Meor HaTorah of Chicago 20-105105  |            | Page <b>3</b>    |
|---|------------|------------------|
|   | Y          | ES NO            |
| 13 Indicate the percentage of gaming activity operated in   | [: 3] <    | 1                |
| a The organization's facility   | -          |                  |
| b An outside facility 8   | <b>.</b> . |                  |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records                             |            |                  |
|   |            | 1.               |
| Name ►  | 1          |                  |
|   |            |                  |
| Address •   |            | 2 A              |
|   | S.Z.       |                  |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?                                 | 15a        |                  |
| <b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount  |            | † Par            |
| of gaming revenue retained by the third party \$  |            |                  |
| c If 'Yes,' enter name and address of the third party   |            |                  |
|   |            | <b>.</b>         |
| Name. ►   |            |                  |
|   |            |                  |
| Address •   | 1.         |                  |
|   | · ·        |                  |
| 16 Gaming manager information   |            |                  |
|   |            |                  |
| Name: ►   |            | \$ P             |
|   |            |                  |
| Gaming manager compensation ► \$  |            | . <b>1</b> 00.00 |
| during manager compensation   |            |                  |
| Description of services provided: ►   |            |                  |
| Description of services provided:   | 1: 13      |                  |
| Director/officer Employee Independent contractor  |            |                  |
|   |            |                  |
| 17 Mandatory distributions  |            |                  |
|   |            |                  |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the<br>state gaming license? | 17a        |                  |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the             |            |                  |
| organization's own exempt activities during the tax year: > \$  |            |                  |
| BAA TEEA3703L 02/05/10 Schedule G (Form 99  | 0 or 990   | -EZ) 2009        |

BAA

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No 1545 0047

2009

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization Employer identification number 20-1051051 Yeshivas Meor HaTorah of Chicago Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. A. Eliyahu Millen and Henoch Millen are son and father. B. Norman T Finkel's law firm renders legal services to the taxpayer. Form 990, Part VI, Line 11 - Form 990 Review Process A review of the return will be conducted. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Available upon request

| 8/31/10                       |                  | 20           | 09 Fe          | dera        | I Boc               | k Dep                    | 2009 Federal Book Depreciation Schedule | ion Sc                     | hedu                         | le<br>le      |                |            |         | <br>  | Page 1                     |
|-------------------------------|------------------|--------------|----------------|-------------|---------------------|--------------------------|---|----------------------------|------------------------------|---------------|----------------|------------|---------|-------|----------------------------|
| Client 4440-810               |                  |              |                | Yest        | iivas M             | eor HaT                  | Yeshivas Meor HaTorah of Chicago        | hicago                     |                              |               |                |            |         | 7     | 20-1051051                 |
| 2/11/11 No. Description       | Date<br>Acquired | Date<br>Sold | Cost/<br>Basis | Bus<br>Pct. | Cur<br>179<br>Bonus | Special<br>Depr<br>Allow | Prior<br>179/<br>Bonus/<br>Sp. Depr.    | Prior<br>Dec. Bal<br>Depr. | Salvage<br>/Basis<br>Reductn | Depr<br>Basis | Prior<br>Depr. | Method     |         | Rate  | 03 30PM<br>Current<br>Depr |
| 990/990-PF                    |                  |              |                |             |                     |                          |   |                            |                              |               |                |            |         |       |                            |
| Buildings                     |                  |              |                |             |                     |                          |   |                            |                              |               |                |            |         |       |                            |
| 6 Building                    | 8/31/09          |              | 1,800,000      |             |                     |                          |   |                            |                              | 1,800,000     |                | S/L MM     | 39<br>M | 02564 | 46,152                     |
| 8 Building Improvements       | Various          | I            | 318,985        | ·           | j                   | j                        |   |                            |                              | 318,985       |                | S/L MM     | 39<br>W | 01391 | 4,437                      |
| Total Buildings               |                  |              | 2,118,985      |             | 0                   | 0                        | 0                                       | 0                          | 0                            | 2,118,985     | 0              |            |         |       | 50,589                     |
| Land                          |                  |              |                |             |                     |                          |   |                            |                              |               |                |            |         |       |                            |
| 7 Land                        | 8/31/09          | '            | 200,000        |             |                     |                          |   |                            |                              | 200,000       |                |            |         |       | 0                          |
| Total Land                    |                  |              | 200,000        |             | 0                   | 0                        | 0                                       | 0                          | 0                            | 200,000       | 0              |            |         |       | 0                          |
| Machinery and Equipment       |                  |              |                |             |                     |                          |   |                            |                              |               |                |            |         |       |                            |
| 1 Furniture                   | 7/01/04          |              | 400            |             |                     |                          |   |                            |                              | 400           | 400            | 200DB HY   | ۱ ۲     |       | 0                          |
| 2 Furniture & Fixtures        | 1/01/05          |              | 11,794         |             |                     |                          |   |                            |                              | 11,794        | 6,642          | 200DB HY   | ١. ١    | 40000 | 2,061                      |
| 3 Furniture & Fixtures        | 1/01/05          |              | 4,403          |             |                     |                          |   |                            |                              | 4,403         | 2,479          |            | 17 7    | 40000 | 077                        |
| 4 Furniture                   | 8/01/02          |              | 13,612         |             |                     |                          |   |                            |                              | 13,612        | 7,710          |            | ۲ ۲     |       | 2,361                      |
|                               | 8/10/08          |              | 1,277          |             |                     |                          |   |                            |                              | 1,277         | 30             | -          | ^ ·     |       | 356                        |
| 9 Copier                      | 8/06/10          | ı            | on's           |             |                     |                          |   |                            |                              | 000,6         |                | ZNOOB INIO |         | 1/087 | 8/-                        |
| Total Machinery and Equipment |                  |              | 36,486         |             | 0                   | 0                        | 0                                       | 0                          | 0                            | 36,486        | 17,261         |            |         |       | 5,727                      |
| Total Depreciation            |                  | . ,          | 2,355,471      |             |                     |                          | 0                                       | 0                          |                              | 2,355,471     | 17,261         |            |         |       | 56,316                     |
| Grand Total Depreciation      |                  | u            | 2,355,471      |             | 0                   | 0                        | 0                                       | 0                          | 0                            | 2,355,471     | 17,261         |            |         |       | 56,316                     |
|                               |                  |              |                |             |                     |                          |   |                            |                              |               |                |            |         |       |                            |
|                               |                  |              |                |             |                     |                          |   |                            |                              |               |                |            |         |       |                            |

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