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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 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2010 calend	dar year, or tax y	ear begini	ning Aug	1	, 2010	, and endi	ng Jul	31		2011		
							MONSEY			D Employ	er Identifica	ation Number		
	Addre	C Name of organization CHEDER CHABAD OF MONSEY Doing Business As Number and street (or P.O. box if mail is not delivered to street addr) C Name of organization CHEDER CHABAD OF MONSEY D Employer Identification 13 - 4 0 7 3 3 0 8 Room/suite E Telephone number												
	Name	change	Number and stre	et (or PO bo	x if mail is not	delivered to str	eet addr)	Room	/suite	E Telepho	one number			
	Initial	return	PO BOX 116	4						(84	5) 356	-1213		
	Termi	nated	City, town or cou				State	ZIP code +	4	1				
	Amen	ded return	MONSEY				NY	10952		G Gross r	eceints \$ 2	2,036,742		
	=	ation pending	F Name and addre	ss of principa	l officer			20702	H(a) Is this	a group retur			X No	
	<u> </u>		YISROEL SHUSTERMA	N PO BOX	X 1204	MONSE	Y NY	7 10952		l affiliates inc		Yes	No	
ī	Tax-exe	npt status	X 501(c)(3)	501(c) (nsert no)	4947(a)(1) or	7	- If 'No	' attach a list	(see instruc	ctions)		
J	Websi			1 22.(2)			1017(0)(1) 01	1 1027	H(c) Groun	exemption ni	ımher ►			
ĸ		organization	X Corporation	Trust	Association	Other ►	1.	Year of Forma				I domicile NY		
		Summar		111451	Association	Otrici		TEBI OIT OITHE	11011 200	1111	state of lega	ii domicile 141		
			be the organizati	on's missio	on or most s	ionificant a	ctivities TO	PROVI	DE HIG	IAUO H	TTY			
do -			_			_			<i></i>	760117				
Activities & Governance	SECULAR AND JEWISH RELIGIOUS EDUCATION													
ř							-							
Ŏ.	2 Ch	eck this bo	x ► if the o	rganızatıor	n discontinu	ed its opera	ations or dispo	sed of mo	re than 25	5% of its n	et assets			
٠ 9			ting members of								3		6	
es			dependent voting								4		6	
<u>×</u>			of individuals en			ar 2010 (Pa	art V, line 2a)				5		76	
Act			of volunteers (es				- 10				6		35	
-			ed business rever business taxable								7a 7b		0.	
_	DIVE	t uniterateu	Dusiness taxable	e income i	tom romi 5	30-1, III1e 3	''			Prior Year	70	Current V		
	8 Co	ntributions	and grants (Part	VIII line	1h)					539,4	154	Current Ye	, 882 .	
ne			ice revenue (Par		•					1,160,3		1,199		
Revenue						and 7d)		======================================	1,100,5	,,,,,,	1,100	230.		
Вe	11 Ot	her revenue	come (Part VIII, e (Part VIII, colur	nn (A), lin	es 5, 6d, 8c	, 9c, 10c, a		ED .				12	,610.	
	12 To	tal revenue	- add lines 8 th	rough 11 (must equal	ParbVIII, c	olumn (A), Tin	e 12)		1,699,7	758.	2,036		
	13 Gr	ants and si	milar amounts pa	aid (Part I)	K, column (A	() tipes 1;	UN 2 0 20	92 0				·		
	14 Be	nefits paid	to or for membe	rs (Part IX	. column (A). line 4)		ိုင် ဖြစ်				•		
	15 Sa	laries, othe	er compensation,	employee	benefits (Pa	art IX, colu	mb((A)); hnes	5,40)		647,9	99.	858	,980.	
ses	16a Pro	ofessional f	fundraising fees ((Part IX. co	olumn (A). I	ın e 11e)		J '		<u> </u>				
Expenses			ing expenses (Pa			•		0.						
Ä			es (Part IX, colu					<u> </u>		1 042 4	.O.E.	1 404	<u> </u>	
			es (rant ix, colui es Add lines 13-			•	\\ line 25\			1,043,4		1,494		
			expenses Subtr	=	•		4), line 25)		-	1,691,4		2,353		
* 8	13 110	veriue less	expenses Subil	act interior	o montiline i				Pograma	ng of Curren	54.		,890.	
# S	20 To	tal assets (Part X, line 16)						Beginni	459,2		End of Ye	, 213.	
80			s (Part X, line 26	6)						58,0			, <u>213.</u> , 867.	
Net Assets or Fund Balancos			fund balances	•	o 21 from l	20				***				
	,	Signatur		SUDITACI III	le ZT ITOM II	HE 20		-		401,2	36.]	- 04	,346.	
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comp	r penaities lete Declai	ration of prepa	clare that I have exan rer (other than officer)	ined this retu is based on a	irn, including ac all information o	companying so if which prepar	er has any knowle	ments, and to edge	the best of	my knowledge	and belief,	it is true, correct	., and	
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Sig	ın	Sigratui	re of officer				·		D:	ate	1100			
He	re	V _O	set Levi	e Cl	A	Treasu	rec							
		Type or	print name and title	<u> </u>	1'									
		Print/Type p	reparer s name		Preparer's sign	nature		Date		Check	ıf PTI	IN		
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May	the IPS	discuse the	s return with the	nrenarer s	shown show	2 (see incl	ructions)			Phone no		Yes 2	No	
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ВАА	TEEA0102 10/06/10		Form 9	90 (2010)
4e Total program service expenses ►	1,558,543.			
4d Other program services (Describe in (Expenses \$	Schedule O) Including grants of \$) (Revenue \$)	
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4c (Code) (Expenses \$	including grants of \$) (Revenue	\$)
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	US_AND_SCEULAR_SCHOOLING_FOR			
4a (Code) (Expenses \$	1,558,543. including grants of \$	0.)(Revenue	\$ 1 211	860)
expenses, and revenue, if any, for ea	ch program service reported	o amount or graints and anocatio	no to others, tile	
4 Describe the exempt purpose achieve and 501(c)(4) organizations and sections	ements for each of the organization's three lar on 4947(a)(1) trusts are required to report the	rgest program services by expen	ses Section 501	(c)(3) total
If 'Yes,' describe these changes on S		, ,, - 3	<u>۔۔ ب</u>	•
,	g, or make significant changes in how it cond	ucts, any program services?	Yes X	No
Form 990 or 990-EZ? If 'Yes,' describe these new services	on Schedule O		Yes X	No
	gnificant program services during the year wh	nich were not listed on the prior	□ v 6] N.
	. The property of the property	·	. 	
	SECULAR AND JEWISH RELIGIOUS THROUGH THE EIGHTH GRADE.	US STUDIES		
Briefly describe the organization's mis				
Check if Schedule O contains	a response to any question in this Part III			
Part III Statement of Program S	Service Accomplishments			
Form 990 (2010) CHEDER CHABAD (13-4	073308	Page 2

TEEA0102 10/06/10

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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_		_ X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		_x_
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		X
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	4 \	· * -	,
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b 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	11 b		X
	c 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	11 c	-	X
	d 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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X_	
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>x</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		_X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Part IV Checklist of Required Schedules (continued)

`			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u> _
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22_		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	. 16 . 27	_x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_ X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA	•	Form	990	(2010)

Form 990 (2010) CHEDER CHABAD OF MONSEY 13-40	73308	F	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0		
b Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable	o		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable pagning	a		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (gambling) winnings to prize winners?	1 c	ļ <u>.</u>	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a	76		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x_
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	a		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If 'Yes,' enter the name of the foreign country.			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	,	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6- December		<u> </u>	
6a 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		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	<u> </u>	<u> </u>	
not tax deductible?	е 6ь	,	
7 Organizations that may receive deductible contributions under section 170(c).			
		1	
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?	7a	İ	x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	† 	1
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to f)		
Form 8282?	" 7c		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization 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	<u> </u>	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		 	
as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
Form 1098-C?	7 h	<u> </u>	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	ıe l		
Supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8	-	
9 Sponsoring organizations maintaining donor advised funds.	_	_	-
a Did the organization make any taxable distributions under section 4966?	9a	ļ .	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	1	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		`	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		İ	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them)			-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
Note. See the instructions for additional information the organization must report on Schedule O	-		
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			<u> </u>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	_x_
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	<u></u>	

Form 990 (2010) CHEDER CHABAD OF MONSEY 13-4073308 _ Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 х Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8<u>a</u> X b Each committee with authority to act on behalf of the governing body? 8ь X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Does the organization have local chapters, branches, or affiliates? 10a b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 Х 14 Does the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers of key employees of the organization 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > New York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>CHEDER CHABAD OF MONSEY PO BOX 1204 _ _ MONSEY NY 10952 _ (845) 356-1213</u>

Form 990 (2010)	CHEUED	CHABAD	OF	MONGEV
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13-4073308

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	n nor any r	elated	dorg	janiz	zatio	n con	nper	sated any current offi	cer, director, or trustee	!
(A)										(F)
Name and title	Average hours per week (describe hours for related organiza tions in Schedule O)	De advict of the state	o ushluhanal trustee	ohecl Offi-⊕		ap High est connectsoled to employee	runn	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) YISROEL SCHULMAN, ESQ PRESIDENT	10.00	- 37		3,7						
(2) DAVID NOVACK, ESQ VICE PRESIDENT & SECY	10.00			x x				0.	0.	0.
(3) YOSEF LEVINE, CPA TREASURER	10.00			x				0.	0.	0.
_(4)_MORDECHAI_LITZMAN DIRECTOR	10.00	х		х				0.	0.	0.
(5) AVRAHAM HAYMAN DIRECTOR	10.00	х						0.	0.	0.
(6) YITZCHOK LIPSZYC DIRECTOR	10.00	х						0.	0.	0.
(7) GERSHON SABOL DIRECTOR	10.00	х						0.	0.	0.
(8) RABBI YISROEL SHUSTERMAN DEAN	40.00				х			30,151.	0.	0.
(9) RABBI AVROHAM WOLOWIK PRINCIPAL	40.00				х			36,471.	0.	0.
(10) CHAIM BLOCH OPERATING OFFICER	60.00				х			53,239.	0.	0.
(11)						_				
(12)										
(13)										
(14)										
<u>(15)</u>										
(16)										
(17)		·								
BAA		T	EEA	0107	12	21/10				Form 990 (2010)

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	<u>ıplo</u>	oye	es,	an	d Highest Con	npensated Emp	loyee	s (co	nt)
(A)	(B) (c) Average Position (check all that apply)							(D)	(E)	_		
Name and title	hours per week (describe hours for related organi- zations in Sch O)		Institution	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f org ar	stimated unt of o opensation rom the panization d related anization	ther ion on ed
(18)	-							-				
(19)		<u> </u>										
(20)	-											
(21)	-						-					
(22)	-											-
(23)	-				-							
(24)	-	<u> </u>										
(25)	_											,
(26)	-											
(27)	-											
(28)											-	
(29)												
1 b Sub-total				•			•	119,861.	0.			(
c Total from continuation sheets to Part VII, Section Ad Total (add lines 1b and 1c)	Α						>	119,861.	0.			(
2 Total number of individuals (including but not limited from the organization ►	to thos	e lıs	ted	abov	/е) v	who	rece	eived more than \$	100,000 in reportab	le comp	ensat	ion
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу е	mpl	oye	e, or	hıg	hest compensated	l employee	3	Yes	N X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the			pen	satıc 'Ye	on a s' c	ind o	the lete	r compensation fr Schedule J for	om	4	-	
 such individual Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or 	ompensa omplete	ation Sch	froi	m ar	ny u	nrela	ated	organization or ii	ndıvıdual	5	-	X
Section B. Independent Contractors		-						- · · -				^
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent o	conti	racto	ors t	hat	received more that	in \$100,000 of			
(A) Name and business addres	s							Description	of services	Compe	C) ensatio	חכ
	<u>-</u> .	•										_
2 Total number of independent contractors (including list \$100,000 in compensation from the organization ►	out not I	ımıte	ed to	tho	se I	istec	ab ab	ove) who received	more than			

-				*		T		T
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1.	Fodorotod composes	1-	1		revenue		512, 513, 01 514
STS		Federated campaigns Membership dues	1a					1
95 0			1 b					
A A		Fundraising events	 					
5,₹		Related organizations	1 d					
SNS		Government grants (contribution	·	143,547.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, g similar amounts not included						
N S	_	Noncash contributions include	dın İns 1a 1f 💲					
	r	Total. Add lines 1a-1f		>	824,882.		<u> </u>	
SK	2.	TUITION		Business Code	.a* _			
Ĕ	b			999999	1,199,250.	1,199,250.	0.	0.
CE		<u>'</u>						
Ž.	ا	' -						
Σ		' 						
ÄΑ		All other program service						
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	e revenue	<u></u>	1 100 050	,		
			· · · · · · · · · · · · · · · · · · ·		1,199,250.		`	
	3	Investment income (inclother similar amounts)	luding dividend	s, interest and				
	4	Income from investment	t of tax-exempl	hond proceeds				
	5	Royalties		►				
			(ı) Real	(ii) Personal		£ . 8		3.0
	6a	Gross Rents			* , * *	i 4 .>	. 4650 1783	
	b	Less rental expenses				, *		1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
		Rental income or (loss)	•					
		Net rental income or (lo	ss)	▶ .	•	an da monda) ha h	1
		Gross amount from sales of	(i) Securities	(II) Other		4,		
	<i>,</i> a	assets other than inventory			8° 4 ′	,		
	L	Less cost or other basis						· ; ;
	U	and sales expenses			. \$3	*		
	С	Gain or (loss)			w	•		,
	d	Net gain or (loss)		•	* ****		* ********	•
NUE	8 a	Gross income from fund (not including \$	Iraising events 88,345.		.,			;
XEN.		of contributions reported						!
2		See Part IV, line 18	,	a				
OTHER REVE	b	Less direct expenses		ь	:			
Ö	С	Net income or (loss) fro	m fundraising	events				
		Gross income from gam See Part IV, line 19	-	a				
	b	Less direct expenses		ь				-
		Net income or (loss) from	m gaming activ	/ities ►				
		Gross sales of inventory and allowances		a				
	b	Less cost of goods sold	I	ь				
		Net income or (loss) from		entory ►	•	-		
		Miscellaneous Reven		Business Code	 			
Ì	11 a	SCHOOL PROGRAM		999999	12,610.	12,610.	0.	0.
	b						_	
	С							
	d	All other revenue						
ł	е	Total. Add lines 11a-11d	Ł	•	12,610.			
	12	Total revenue. See instr	uctions	▶	2,036,742.	1,211,860.	0.	0.

Part IX . Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must comp	olete column (A) but are	not required to complete	e columns (B), (C), and (ט'
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				(
4	Benefits paid to or for members				1
5	Compensation of current officers, directors, trustees, and key employees	119,861.	0.	119,861.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	654,267.	654,267.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		,		
9	Other employee benefits				
10	Payroll taxes	84,852.	71,714.	13,138.	0.
11	Fees for services (non-employees)		·		<u>. </u>
	a Management			İ	
1	Legal				
(C Accounting				
(1 Lobbying				
(Professional fundraising services See Part IV, line 17				
1	Investment management fees				
•	g Other	2,972.	0.	2,972.	0.
12	Advertising and promotion				
13	Office expenses	16,654.	0.	16,654.	0.
14	Information technology	2,057.	0.	2,057.	0.
15	Royalties				
16	Occupancy	475,358.	0.	475,358.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	1,137.	0.	1,137.	0.
	Payments to affiliates				
	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	70,929.	0.	70,929.	0.
ä	FOOD	154,931.	154,931.	0.	0.
ŀ	SCHOOL PROGRAMMING	650,024.	650,024.	0.	0.
	BUSING	1,280.	1,280.	0.	0.
(ACCOUNT MERCHANT FEES	20,997.	0.	20,997.	0.
	EQUIPMENT LEASES & SERVICE CONTRACTS	12,725.	0.	12,725.	0.
	All other expenses	85,588.	26,327.	59,261.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,353,632.	1,558,543.	795,089.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2010)

13-4073308

Part X Balance Sheet (B) End of year Beginning of year 106,377 1 68,082. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 55,748 7,953. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 161,529 317,582 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 235,596 b Less accumulated depreciation 10b 135,596 10 c 235,596. Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 459,250 16 629,213. 35,763 17 17 Accounts payable and accrued expenses 47,147 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 22,251 25 497,720 Total liabilities. Add lines 17 through 25 58,014 26 544,867. Organizations that follow SFAS 117, check here ► and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 X and complete Organizations that do not follow SFAS 117, check here > lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 401,236 32 84,346. 33 33 Total net assets or fund balances 84,346. 401,236 34 Total liabilities and net assets/fund balances 459,250 34 629,213.

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Form 990 (2010)

Form 990 (2010) CHEDER CHABAD OF MONSEY 13-4	4073308		Pa	ge 12			
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response to any question in this Part XI							
	i i						
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,0	36,7	742.			
2 Total expenses (must equal Part IX, column (A), line 25)							
3. Revenue less expenses Subtract line 2 from line 1	3	<u>-3</u>	16,8	390.			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	01,2	236.			
5 Other changes in net assets or fund balances (explain in Schedule O)	5						
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 _		84,3	346.			
Part XII Financial Statements and Reporting			-				
Check if Schedule O contains a response to any question in this Part XII							
			Yes	No			
1 Accounting method used to prepare the Form 990		. 1		1			
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	X	-			
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 review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	Х				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		,		-			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	i on a			, we can a make a			
X 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 Si Audit Act and OMB Circular A-133?	ngle	3a		Х			
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b					
BAA		Form	990 ((2010)			

TEEA0112 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number														
CHE	CHEDER CHABAD OF MONSEY 13-4073308													
Part	<u>: L</u>	Rea	ason for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See ı	nstruct	ions.		
The o	ne 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).													
1		A ch	urch, convention	of churches or assoc	iation of churches descr	ibed in s	section	1 70 (b)(1)(A)(i).					
2	X	A sc	hool described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E)								
3		A ho	spital or a coope	erative hospital service	e organization described	in secti	ion 170(b)(1)(A)	(iii).					
4		A me	edical research o	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(l	b)(1)(A)(iii) Ente	er the hospi	tal's	
	name, city, and state													
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		Асо	mmunity trust de	escribed in section 17	0(b)(1)(A)(vi). (Complete	e Part II)							
9		An organization that normally receives (1) more than 33·1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33·1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10	\Box				•	olic safet	y Sees	ection 5	509(a)(4)).				
11		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 11b through 11b.												
	describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III – Functionally integrated d Type III – Other													
е														
f		If the	e organization re k this box	ceived a written deter	mination from the IRS t	hat is a	Type I,	Type II o	or Type	III suppo	orting or	ganızatıon,		
g		Sinc	e August 17, 200	06, has the organization	on accepted any gift or	contribu	ition froi	m any o	f the foll	owing p	ersons?		Yes	Na
		(i)		directly or indirectly co erning body of the sup	ontrois, either alone or to oported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)	Tes	No
		(ii)	A family memb	er of a person describ	ed in (i) above?							11 g (ii)		
		(iii)	A 35% controlle	ed entity of a person o	described in (i) or (ii) ab	ove?						11 g (iii)		
<u>h</u>		Prov	ide the following	information about the	supported organization	n(s)								
			me of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	is the ation in its listed in overning ment?	the organ	ou notify ization in n (i) of upport?	organiz colur	s the ation in in in (i) ed in the S ?	(vii) Amour	nt of sup	port
						Yes	No	Yes	No	Yes	No			
(A)														
(B)	_													
(C)														
(D)						_								
<u>(E)</u>														
Total														

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			· · ·			
6	Public support. Subtract line 5 from line 4		•	ž. » »			
Sec	tion B. Total Support		1				
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					•	
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or f	fifth tax year as a	a section 501(c)(3)	▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	-	• • •	e 11, column (f))		14	<u>%</u>
	Public support percentage from 2	·	·			15	%_
16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17a 10%-facts-and-circumstances test — 2010. 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.						
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a I-circumstances'	ind-circumstances' test The organiza	test, check this bo tion qualifies as a	ox and stop here publicly supported	. Explain in Part IV I ed organization	now the □
18 BAA	Private foundation. If the organiz	ation did not che	ck a box on line 1.	3, 16a, 16b, 17a, c		box and see instructions box and see instructions box and see instructions box and see instructions box and see	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	to qualify under the tests lis	sted below, please	complete Part II)			
Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include any unusual grants')	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	· Ž	* * * * * * * * * * * * * * * * * * * *		\$		
	tion B. Total Support	,	·	• • •	- · - · · · · · · · · · · · · · · · · ·	·	
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 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)			- · · · · · · · · · · · · · · · · · · ·			
14	First five years. If the Form 990	s for the organiza	tion's first, second	i, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Saa	organization, check this box and tion C. Computation of Pul		ercentage				
	Public support percentage for 20			13 column (f))		15	ક
	Public support percentage from 2			: 13, column (1))		16	 8
_	tion D. Computation of Inv						
17	· · · · · · · · · · · · · · · · · · ·				n (f))	17	જ
18	Investment income percentage fr	-		-	(.,,	18	%
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check	the organization of	did not check the I	oox on line 14, an	nd line 15 is more a publicly suppor	than 33-1/3%, and ted organization	d line 17 ►
k	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization of the check this box as	did not check a bo nd stop here. The	x on line 14 or lin organization qual	ne 19a, and line 16 lifies as a publicly	s is more than 33- supported organia	1/3%, and zation
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	1, 19a, or 19b, <u>ch</u>	eck this box and s	ee instructions	

Schedule A	(Form 990 or 990-EZ) 201	O CHEDER CHA	BAD OF M	ONSEY	13-40733	08 Page 4
Part IV	Supplemental Inform Part II, line 17a or 1 (See instructions).	nation. Complete 7b; and Part III, Ii	this part t ne 12. Als	o provide the expl o complete this pa	anations required by Pa art for any additional inf	irt II, line 10; ormation.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

Inspection
Employer identification number

OMB No 1545-0047

Name of the organization CHEDER CHABAD OF MONSEY Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the toy of the football to the football in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 ▶\$ **b** Assets included in Form 990, Part X

Schedule D (Form 990) 2010 CHEDI	ER CHABAD	OF N	MONSEY			13-407	3308		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical	Treasures, or C	Other Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
a Public exhibition	a Public exhibition d Loan or exchange programs								
b Scholarly research			e 🗌 Other						
c Preservation for future generation									
Part XIV	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5 During the year, did the organizar assets to be sold to raise funds ra	tion solicit or re	eceive	donations of art,	, histor	ical treasures, or ot	her sımılar	Yes	Г	No
Part IV Escrow and Custodia									
9, or reported an amo	unt on Forn	n 990	, Part X, line	21.	inzation answere	u 105 to 1011115	750, 1 01	,	11110
1 a ls the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or oth	er intermediary	for cor	itributions or other a	ssets not	Yes] No
b If 'Yes,' explain the arrangement	ın Part XIV an	id comp	olete the followin	ng table	•				
							Amount		
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f	F1		7
2a Did the organization include an a		n 990, i	Part X, line 21?				∐ Yes	L	∐No
b If 'Yes,' explain the arrangement					d Walle Farm	000 David IV Iva	- 10		
Part V Endowment Funds. Co							1		- h - e l -
1 a Decimpling of year balance	(a) Current	year	(b) Prior year	r	(c) Two years back	(d) Three years back	(e) F0	our years	s dack
1 a Beginning of year balance						 	1	16 :50	2 188
b Contributions				-		<u> </u>	8 * * 8 * * *	4 578	8 65 > > 8 11 Ma 2
 c Net investment earnings, gains, and losses 									
d Grants or scholarships						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. (
 Other expenditures for facilities and programs 						* *			* -
f Administrative expenses								₹ × £,	. 3ª ×
g End of year balance							· / ^ °	**	
2 Provide the estimated percentage	e of the year e	nd bala	nce held as						
a Board designated or quasi-endow	vment 🟲		%						
b Permanent endowment ▶	 %								
c Term endowment ►	 %								
3a Are there endowment funds not in organization by:	n the possessi	on of th	ne organization t	hat are	e held and administe	ered for the	Г	Yes	No
(i) unrelated organizations							3a(i)	163	140
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related o	raanizations li	ctod ac	roquired on Set	andula	D2		3b		
• • •	•		•				30	!	L
4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
Description of investment			t or other basis		Cost or other	(c) Accumulated	(d) B	ook va	lue
			vestment)		asis (other)	depreciation			
1 a Land									
b Buildings	Ļ				100,000.				,000.
c Leasehold improvements	ļ.				51,718.				,718.
d Equipment	ļ.				38,078.				,078.
	e Other 45,800. 45,800.								
	otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))								
BAA						Sched	dule D (Fo	orm 99	0) 2010

Part VII	Part VII Investments—Other Securities. See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value	
(1) Financ	al derivatives				
(2) Closely	-held equity interests				
(3) Other					
<u>(A)</u>					
	-				
		-			
		-			
		-			
<u>H</u>		-	·		
_(l)	nn (b) must equal Form 990 Part X, column (B) line 12)				
	Investments—Program Related. (See	Form 990 Part X I	ine 13)		
1 art vin	(a) Description of investment type	(b) Book value	(c) Method of valua	tion:	
	(a) Description of investment type	(b) Book value	Cost or end-of-year mai	ket value	
(1)					
(2)				-	
(3)					
(4)				<u></u>	
(5)					
(6)					
(7)					
(8)					
(9)	······································		·····		
(10)	(h)	-			
Part IX	Other Assets. (See Form 990, Part X, column (B) line 13)	l l		<u></u>	
1 41111		escription		(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	lumn (b) must equal Form 990, Part X, column(b				
Part X	Other Liabilities. (See Form 990, Par	· · · · · · · · · · · · · · · · · · ·	·		
(1) Fede	(a) Description of liability ral income taxes	(b) Amount	—		
	SE LINE OF CREDIT	11,63	3		
	SE BUSINESS LOAN	54			
	ITAL ONE CREDIT CARD	5,11	 		
	BANK VISA	12,84			
	RUED TUITION	317,58			
	LOAN ACCOUNT	150,00	i		
(8)					
(9)					
(10)					
(11)					
Total (Colun	nn (b) must equal Form 990, Part X, column (B) line 25)	▶ 497,72	0.		
O CINI 40 4	400 740 F 1 1 1 D 1 202				

2. FIN 48 (ASC 740) 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 (ASC 740)

Sche	edule D (Form 990) 2010 CHEDER CHABAD OF MONSEY	13-4073308	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)	-	
9	•		
	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	n n n n Dotuum	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
_	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
€	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line1	`	
a	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
c	: Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return	
	Total expenses and losses per audited financial statements	1 1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	I Other (Describe in Part XIV)		
_	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)		
	Other (Describe in Part XIV) Add lines 4a and 4b		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4 c	
	t XIV Supplemental Information	<u></u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Dort IV Junes 1h and 2h	
Part	V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also cadditional information	complete this part to provide	9
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TEEA3304 02/11/11

Schedule **D** (Form 990) 2010

BAA

Schedule D	(Form 990) 2010	CHEDER CHAB	AD OF MONSEY			13-4073308	Page 5
Part XIV	Supplemental	Information (c	ad of monsey continued)				
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TEEA3305 07/16/10

Schedule **D** (Form 990) 2010

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SCHEDULE E (Form 990 or 990-EZ)

Schools

2010

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

Part I

CHEDER CHABAD OF MONSEY

13-4073308

га			YES	NO
1	Does the organization have a racially condiscriminatory policy toward students by statement in its charter, bulging other			
'	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the exposuration methods a statement of its respelly manufacture makes a policy toward at ideats in all its breakures.			
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs,			
•	and scholarships?	2	Х	-
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain If you need more space, use Part II	3		
	OUR SCHOOL'S WRITTEN PUBLIC MATERIALS DESCRIBE OUR			
	NON-DISCRIMINATION POLICY.			
		· 🥳 🎉	s	
4	Does the organization maintain the following?		,	
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	_ 1
	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 dealing with			
	student admissions, programs, and scholarships?	4c	X	
	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II	4d	X	ļ
	If you answered the to any of the above, please explaint if you need there space, use it art if			
		.x.,		,
			3,31	. \$5
5	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	5a		Х
	b Admissions policies?	5 b		х
	• Admissions policies	35		
	Employment of faculty or administrative staff?	5 c		х
				,,
	d Scholarships or other financial assistance?	<u>5d</u>	<u> </u>	X
	e Educational policies?	5e		x
	f Use of facilities?	5 f		X
	g Athletic programs?	5 q		x
	g · · · · · · · · · · · · · · · · · · ·			
	h Other extracurricular activities?	5 h	ļ	_X_
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II			
		-	ĺ	
		1		
		1		
6	a Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
	b 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, explain on Part II			
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	7		

Schedule E (Form	1 990 or 990-EZ) 2010 CHEDER CHABAD OF MONSEY	13-4073308	Page 2
Part II Suppl 4d, 5h (see ii	lemental Information. Complete this part to provide the explanations required, 6b, and 7, as applicable. Also complete this part to provide any other aconstructions).	ired by Part I, lines 3, dditional information	,
Line 6b	THE ORGANIZATION RECEIVES SUPPORT FROM THE FEDERAL	L_E-RATE	
	PROGRAM AND SCHOOL FOOD PROGRAM.		
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Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CHEDER CHABAD OF MONSEY	13-4073308
Pt_VI-B, Line_11a_FORM_990_DISTRIBUTED_TO_THE	BOARD_FOR_REVIEW_PRIOR_TO_SUBMISSION
Pt_VI-B, Line 12c THERE IS A WRITTEN CONFLICT	OF INTEREST POLICY WHICH
ALL DIRECTORS AND KEY EMPLO	YEES ARE REQUIRED TO SIGN.
THE PRESIDENT OF THE CORPOR	ATION SERVES AS THE CHIEF COMPLIANCE
OFFICER	
Pt_VI-B, Line_15_THE_ORGANIZATION_REVIEWED_C	OMPARABLE SALARIES FOR ITS KEY
STAFF AND HAS DETERMINED TH	AT_ITS_PAY_SCHEDULE_IS_SUBTANTIALLY
BELOW MARKET VALUE.	·
Pt VI-C, Line 19 DOCUMENTS ARE AVAILABLE UPO	N_REQUEST
Sch E, Line 6b THE ORGANIZATION RECEIVES S	UPPORT FROM THE FEDERAL E-RATE
PROGRAM AND SCHOOL FOOD PRO	GRAM.
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