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032001 02-22-11

Serm 990

Internal Revenue Service

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)

2010
Gipen to Public
Inspection

benefit trust or private foundation)

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

A	or the	2010 calendar year, or tax year beginning AUG 1, 2010 and end	ting J	UL 31, 20	11	
В	Check If	C Name of organization		D Employer idea	ntificat	tion number '
ŧ	pplicable					
	_Addres	LIMUDEI DA'AS, INC.				
	Name	Doing Business As		20	<u>-149</u>	94208
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	nm/suita	F Telephone nur	nber	
	Termin ated	9 EASTVIEW ROAD		(8	45)	426-0234
	Ameno			Gross receipts \$		612,892.
	Applic	MONSEY, NY 10952		a) is this a grou	ıp retu	m
	pendir	F Name and address of principal officer:ELIEZER HERSKOW		for affiliates?	?	Yes X No
		9 EASTVIEW ROAD, MONSEY, NY 10952		H(b) Are all affiliate	s includ	ed? Yes No
1	ax-exe	ompt status: 501(c)(3) 501(c) () (insert no.) X 4947(a)(1) or 1	527	If "No," attac	ch a list	t. (see instructions)
JI	Vebsit	e: ► N/A		H(c) Group exem	ption n	umber 🕨
		organization X Corporation Trust Association Other ▶	L Year o			tate of legal domicile. NY
	art II	Summary				
	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m PRO}$	VIDE	FUNDS TO	INI	DIVIDUALS
蓬		AND ORGANIZATIONS THAT SUPPORT THE ORTHODO	X JE	WISH FAIT	н.	
Activities & Governance		Check this box 🕨 🔲 if the organization discontinued its operations or disposed				ts.
Š	1	Number of voting members of the governing body (Part VI, line 1a)			3	3
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			4	0
85	l .	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
į	l .	Total number of volunteers (estimate if necessary)			6	0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year		Current Year
43	8	Contributions and grants (Part VIII, line 1h)		570,54	5.	612,892.
ž	l .	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
œ	1	Other revenue (Part VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•		0.	0.
		Total revenue -add lines 8-through 1/1 (must equal Part VIII, column (A), line 12)		570,54	5.	612,892.
		Grants and similar amounts paid (Part IX, column)(A), lines 1-3)		592,50	0.	536,400.
	14	Benefits paid (ஜோfor கிசிர்ற்ச் (ரிகாறி), (ஜப்பாசி A), line 4)	·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0.	0.
S	15	Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16a	Professional fundralsing (ees (Part-IX, column (A), line 11e)			0.	0.
<u> </u>	b	Total fundralsing expenses (Part IX) column (D), line 25)		49349 St 2016 St		######################################
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_ [1	0.	83.
	ſ	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	592,51	0.	536,483.
	1	Revenue less expenses. Subtract line 18 from line 12		<21,96		76,409.
28			Ber	inning of Current Y		End of Year
\$ <u>\$</u>	20	Total assets (Part X, line 16)		80,04		156,453.
8,99	21	Total liabilities (Part X, line 26)			0.	0.
Net Assets Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20		80,04	4.	156,453.
		Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	id stateme	ents, and to the best	of my, k	nowledge and belief, it is
true	, correc	t, and complete Opcibization of branarer (other than officer) is based on all information of which	preparer	has any knowledge	/ <u> </u>	
		LANGO (6/	$\mathcal{U}(\mathcal{I})$	
Sig	n	Signature of officer		Date	7	
Her		ELIEZER HERSKOWITZ, TRUSTEE				
		Type or print name and title				
		Print/Type preparer's name JAMES MATTEOTTI Preparer's significant Creatier's significant Comparer's significant Comparer'	- 0	ate Check		PTIN
Paid	1		<u>ر</u> او	2/09/12 seifer	nployed	
Prej	arer	Firm's name LAWRENCE BROWN & CO.		Firm's EIN	>	
Use	Only	Firm's address 180 PHILLIPS HILL ROAD - SUITE 3A				
		NEW CITY, NY 10956		Phone no	845	5-638-1001
May	the IF	IS discuss this return with the preparer shown above? (see instructions)				X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

orm	990 (2010) LIMUDEI DA'AS, INC. 20-149	4208	Page 2
Par	t III Statement of Program Service Accomplishments		
2	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE FUNDS TO INDIVIDUALS AND ORGANIZATIONS THAT SUPPORT	THE	_
	ORTHODOX JEWISH FAITH.		
			<u>_</u>
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$536,400 . Including grants of \$536,400 .) (Revenue \$)
	SUPPORT OF THE RELIGIOUS AND EDUCATIONAL INSTITUTION ENGAGED I	N	
	BRINGING PERSONS CLOSER TO THE ORTHODOX JEWISH FAITH		
4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
			- <u>-</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 536,400.		
		Form 9	90 (2010)

Form 990 (2010) LIMUDEI DA'AS, INC.

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)?		. 53	1.40
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	11b		X
¢	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	11c		X
ď	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
_	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
	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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
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)	20ь		<u> </u>
		_	000	0040

+ 42,	tri Glicokiist of required continues			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
þ	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			v
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in horrcash contributions in res, complete scriedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		 	
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 55		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	 	
	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	l	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		Х
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			
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38		X
		Form	990 (2010)

	990 (2010) LIMODEL DA AS, INC. 20-149-	200	<u> </u>	age J					
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			$\overline{}$					
	Chook in Contoadio C Containo a respense to any question in time / a.t. v		Yes	No					
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)[163	140					
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- i							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
·	(gambling) winnings to prize winners?	1c	1	1					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a)							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	İ					
_	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									
	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	ļ	X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	ļ					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		İ	1					
	any contributions that were not tax deductible?	6a		Х					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6ь	ļ	ļ					
7									
а	· ·								
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	 		X					
_	to file Form 8282?	7c	 	<u> </u>					
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	 						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\vdash						
9	If the organization received a contribution of qualified intellectual property, did the organization life is of the organization file a Form 1098-C?	7h							
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	·····	 						
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ĺ	1					
9	Sponsoring organizations maintaining donor advised funds.			1					
а	Did the organization make any taxable distributions under section 4966?	9a		1					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_							
11	Section 501(c)(12) organizations. Enter:								
а	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.)	4							
12a		12a	ļ	X					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	깈							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	 	 					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b									
	organization is licensed to issue qualified health plans	-							
	Enter the amount of reserves on hand	+	 	X					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1 1					

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6

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. \mathbf{X} Check if Schedule O contains a response to any question in this Part VI

Sec	tion 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 1a 3							
b	Enter the number of voting members included in line 1a, above, who are independent 1b							
2	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		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Does the organization have members or stockholders?	6		X				
7a	To Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?	7a		$\frac{x}{x}$				
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
_	by the following: The governing body?		Х					
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 60	Λ					
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	The state of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sect		Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		X				
	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						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
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						
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this is done	12c						
13	Does the organization have a written whistleblower policy?	13		X				
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 approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		.,				
	The organization's CEO, Executive Director, or top management official	15a		_ <u>X</u> _				
b	Other officers or key employees of the organization	15b		<u>X</u>				
160	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1	Х				
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	IVa	, .,,,					
-	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						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for	-					
	public inspection. Indicate how you make these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncıal					
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books are personable to the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person	tion: 🕨						
	LAWRENCE BROWN & CO 845-638-1001							
	180 PHILLIPS HILL ROAD, STE. 3A, NEW CITY, NY 10956							

Part VII 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.

X Check this box if neither the organization		orga	niza			npe	nsat				
(A)	(B)	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	Average hours per	(ct				app	olv)	compensation	compensation	amount of	
	week	\vdash					ĺ	from	from related	other	
	(describe	glac				몵		the	organizations (W-2/1099-MISC)	compensation from the	
	hours for related	State	rustee			Bensa		organization (W·2/1099-MISC)	(44-2/1099-141130)	organization	
	organizations	Lal for	Jonal 1		a Solot	15 8 15 8				and related	
	In Schedule O)	Individual trustee or director	Institutional frustee	G∰ Ger	Keyen	Highest compensated employee	Former			organizations	
ELIEZER HERSKOWITZ								0.	0.	0	
TRUSTEE	4.00			-	-	 	-	0.	0.	0.	
RABBI YERACHMIEL CENSOR	1.00							0.	0.	0.	
TRUSTEE BORUCH DOV UNGARISCHER	1.00	-	-	 				<u> </u>			
TRUSTEE	1.00							0.	0.	0.	
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Form 990 (2010) LIMUDE I	DA'AS,	INC	<u>. </u>					*	20-14	942	208	Pa	age 8
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee			ligh	est	Compensated Employ	ees (continued)	Т			
(A) Name and title	(B) Average hours per	rerage Position					ly)	(D) Reportable compensation	(E) Reportable compensation			(F) timate nount	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MiSo		com fr org and	other pensa om the anizat d relat anizati	e Ion ed
		_											
		-					_						•
1b Sub-total		ļ .						0.		0.			0.
c Total from continuation sheets to Part to d Total (add lines 1b and 1c)						>		0.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to the	hose	liste	ed a	bov	e) w	ho r	eceived more than \$100),000 in reportable	•		Yes	No.
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual	1									3		Х
 4 For any individual listed on line 1a, is the sand related organizations greater than \$1. 5 Did any person listed on line 1a receive or 	50,000? <i>If</i> "Yes	, " co	mpl	ete :	Sch	edul	e J	for such individual			4		X
rendered to the organization? If "Yes," co. Section B. Independent Contractors	mplete Schedu	le J	for s	uch	per	son					5		Х
Complete this table for your five highest of the organization. NONE (A)	ompensated in	dep	ende	ent c	ont	racte	ors 1	that received more than (B)	\$100,000 of com	pens	ation 1		. <u>– –</u>
Name and busines	s address		_					Description of	services	С	ompe		n
							•					<u></u>	
Total number of independent contractors \$100,000 in compensation from the organ		not li	ımıte	ed to		se li O	sted	d above) who received r	nore than			·····	
											Form	990	2010)

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1	а	Federated campaigns	1a					
퉏		b	Membership dues	1b					
S, g		С	Fundraising events	1c					
ar gift		d	Related organizations	1d					
ξ.E		е	Government grants (contributi	ons) 1e					
i s		f	All other contributions, gifts, grant						
들			similar amounts not included above	/e 1f	612,892.				
Contributions, gifts, grants and other similar amounts		9	Noncash contributions included in lines	1a-1f \$					
Q <u>e</u>		h	Total. Add lines 1a-1f		•	612,892.			
					Business Code				
<u>8</u>	2	а							
Program Service Revenue		b			-				<u> </u>
S E		C							
èğ		d			<u> </u>				
ğ		е							
۱ ۱			All other program service reve	nue					
\rightarrow		g	Total. Add lines 2a-2f	 					
	3		Investment income (including	dividends, intere	- 1				ļ.
	_		other similar amounts)	. 4 1 1					
	4		Income from investment of tax	x-exempt bond p	proceeds				
	5		Royalties	(A) Dool	(v) Domanal				
		_	Our as Books	(i) Real	(II) Personal				
	О	-	Gross Rents						
			Less: rental expenses	<u>-</u>					
			Rental income or (loss)		—		1		
ı	-		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other	······································			1
	7	а		(I) Securities	(ii) Other				
		L	assets other than inventory Less: cost or other basis						
		b	and sales expenses						
		_	Gain or (loss)		-				
			Net gain or (loss)				Ì		
	8		Gross income from fundraisin	a events (not		***************************************			
J.	·	a	including \$						
Other Reven			contributions reported on line						
ď.			Part IV, line 18	a					
the		ь	Less: direct expenses	b					
Ö			Net income or (loss) from fund	draising events	•				
			Gross income from gaming ac						
	•	_	Part IV, line 19	а				<u></u>	
		ь	Less: direct expenses	ь					
			Net income or (loss) from gam	ning activities	>]
			Gross sales of inventory, less						
			and allowances	а					
		b	Less: cost of goods sold	b					
		c	Net income or (loss) from sale	s of inventory	>				
			Miscellaneous Revenu	e	Business Code				
	11	а				·-· · · · · · · · · · · · · · · · · · ·			ļ
		b							<u> </u>
		С							<u> </u>
		đ	All other revenue				<u> </u>	<u> </u>	ļ
		е	Total. Add lines 11a-11d		▶		1		1
0000	12		Total revenue. See instructions		<u> </u>	612,892.	0.	0.	<u> </u>
03200	-10								Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	536,400.	536,400.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)		- <u></u>		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal	_			
c	Accounting				
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
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				
23	Insurance	, (1777-1777-1777-1777-1777-1777-1777-177	· · · · · · · · · · · · · · · · · · ·		······
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 0)				
а	BANK CHARGES	83.		83.	
b		 			
¢					
đ					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	536,483.	536,400.	83.	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	<u> </u>			

Part X Balance Sheet (A) Beginning of year End of year 156,453. 80,044. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 6 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 156,453. 80,044. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here __ and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 80,044. 156,453. Retained earnings, endowment, accumulated income, or other funds 32 32 80,044. 156,453. 33 33 Total net assets or fund balances 80,044. 156,453. Total liabilities and net assets/fund balances

Form	1990 (2010) LIMUDEI DA'AS, INC.	20-	<u>-1494208</u>	F	² age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•	1		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			892.
2	Total expenses (must equal Part IX, column (A), line 25)	2			483.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	<u>409.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	0,	044.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	15	6,	<u>453.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				L
	<u> </u>			Ye	s No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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	e audr	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule (o.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	udit		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	ıdıt		
-	or guidte, explain why in Schedule O and describe any stens taken to undergo such guidts		36	l	

Form **990** (2010)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2010

Open to Public Inspection

Employer identification number Name of the organization LIMUDEI DA'AS, INC. 20-1494208 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d ___ Type III · Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it 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? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) is the (iv) is the organization (v) Did you notify the (i) Name of supported (II) EIN (vii) Amount of organization in col organization in col (i) listed in your organization in col organization organized in the support (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) Yes Yes Total

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 LIMUDEI DA'AS, INC. 20-14942

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	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
	Gifts, grants, contributions, and		_							
	membership fees received. (Do not									
	include any "unusual grants.")	444,800.	203,860.	224,115.	570,545.	612,892.	2056212.			
2	Tax revenues levied for the organ-			. ==						
	ization's benefit and either paid to		i							
	or expended on its behalf					i				
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	444,800.	203,860.	224,115.	570,545.	612,892.	2056212.			
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				de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la collècte de la	,	2056212.			
	ction B. Total Support				-	·				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	444,800.	203,860.	224,115.	570,545.	612,892.	2056212.			
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						2056212.			
12	Gross receipts from related activities	, etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stop	p here					>			
<u>Sec</u>	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, o	olumn (f))			100.00 %			
	Public support percentage from 2009						100.00 %			
16a	33 1/3% support test - 2010.If the o	rganization did not	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		=				$\triangleright X$			
b	33 1/3% support test - 2009.If the c				line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qua	•	• •							
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac			=		rt IV how the orgar				
	meets the "facts-and-circumstances"	J	•		•					
t	10% -facts-and-circumstances tes	t - 2009 .If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, 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-cir-									
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l						
					Scho	dule A (Form 990	\ \r \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			

Schedule A (Form 990 or 990-EZ) 2010 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not]				
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513			Ì			
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				1		
5 The value of services or facilities		<u> </u>				
furnished by a governmental unit to						
the organization without charge				1		
· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·
6 Total. Add lines 1 through 5		1			 	
7a Amounts included on lines 1, 2, and		}				
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support			t····	·····	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 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 lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here	-		, ,	,		▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2010 (lin			column (fl)		15	
16 Public support percentage from 2009 S	• • • • • • • • • • • • • • • • • • • •	•			16	
Section D. Computation of Invest		•	•		1.0	
17 Investment income percentage for 201					17	
18 Investment income percentage from 20	,		ne 10, column (i)		18	
			on line 14 and lin	a 15 is mars the-	\	17 is not
19a 33 1/3% support tests - 2010. If the o	-					i / IS ∏OT. ►
more than 33 1/3%, check this box and						, P L_
b 33 1/3% support tests - 2009. If the o						
line 18 is not more than 33 1/3%, chec	within how and a	TOD BOYO The ere	anization audition	aa a audulahi ai a	nartad araanization	-
20 Private foundation. If the organization		-	•			

15

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LIMUDEI DA'AS, INC.

Employer identification number 20-1494208

Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
F-327	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic 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		► \$ ► \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	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		▶ \$

		DA'AS, IN					20-14			
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, or Ot	her Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that are	a significant	use of its	collection	ı item:	s
	(check all that apply):									
a	Public exhibition	c			hange programs					
b	Scholarly research	•	•	Other		_				
C	Preservation for future generations					_		N		
4	Provide a description of the organization's co	•		-			ose in Pari	XIV.		
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma					lliar assets		Yes		No
Dar	Escrow and Custodial Arran					to Form 990) Part IV I			NO
rai	reported an amount on Form 990, Par		ete ii tiit	e Organizatio	ii alisweled Tes	to Form 990	J, Fail 14, 1	1116 9, 01		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	s or other assets i	not included				
	on Form 990, Part X?						Ĺ.	Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
	•	,						Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				L_	Yes		No
	If "Yes," explain the arrangement in Part XIV.									
Par	V Endowment Funds. Complete r				i i					
		(a) Current year	(b) F	rior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance		<u> </u>				 	 	********	
b	Contributions						······································			
C	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs Administrative expenses					-				
	End of year balance					- 	*************	-1-1- -1-1- -		
9 2	Provide the estimated percentage of the year	r end halance held :			1	F	***************************************			
a	Board designated or quasi-endowment	, che balance nole (%							
ь	Permanent endowment ▶	%								
C		 %								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administered fo	or the organi	zation			
	by:	_							Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?				3ь		
4	Describe in Part XIV the intended uses of the									
Par							1			
	Description of investment	(a) Cost or o		1 11) Accumulat		(d) Book	value	€
		basis (investi	ment)	Dasis	(other)	depreciation	1			
	Land									
b	Buildings									
	Leasehold improvements						-			
	Equipment									
	Other Add lines 1a through 1e. (Column (d) must e	aual Form 900 Part	X. colu	mn (R) line 1				-		0.
. 5.61		quar omi oso, rait	,, colul	(4), 1110	<u>-,-//</u>		Schedule	D (Form	990)	
								~ (· •···		

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	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)			<u>-</u> .	
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
(I)				······································
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related.				
		e 13.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	С	Cost or end-of-year man	
(1)				
(2)		<u> </u>		· · · · · · · · · · · · · · · · · · ·
(3)				
(4) (5)	- 			
(6)				
(7)			.	
(8)			•	
(9)		-		
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	•			······································
Part IX Other Assets. See Form 990, Part X, I				
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col (B)	(no. 15.)		•	
Part X Other Liabilities. See Form 990, Part		· · · · · · · · · · · · · · · · · · ·		
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes			7	
(2)				
(3)			7	
(4)			7	
(5)				
(6)				
(7)		····		
(8)			_	
(9)			_	
(10)			_	
(11)		 	4	
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footno 2. FIN 48 (ASC 740)	line 25.) te to the organization's financial sta	tements that reports the or	anization's liability for uncertain	n fax positions under
2. FIN 48 (ASC 740)				
032053 12-20-10			Sch	edule D (Form 990) 2010

Sche	dule D (Form 990) 2010 LIMUDEI DA'AS, INC.			20-14	94208	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited I	Financial St		_	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		612,	892.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			483.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		76,	409.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	Date	76,	409.
	XII Reconciliation of Revenue per Audited Financial Statemen	its with	Revenue pe			
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		1 1		
a	Net unrealized gains on investments	2a		 		
Ь	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				
_	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	a				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
þ	Other (Describe in Part XIV.)	4b		- .		
	Add lines 4a and 4b			4c 5		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses			
	Total expenses and losses per audited financial statements	TILO TTILL	Expenses	1		
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-		
	Donated services and use of facilities	2a				
a		2b				
b	Prior year adjustments Other losses	2c				
c	Other (Describe in Part XIV.)	2d	•			
d	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:					
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b				
c	Add lines 4a and 4b	<u> </u>	-	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
	t XIV Supplemental Information				·	·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a ar	nd 4; Part IV, lin	es 1b and 2b;	Part V, line	4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					
,		-				
						-
	· · · · · · · · · · · · · · · · · · ·					
				Schedule	D (Form 9	90) 2010

2.8.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Schedule F (Form 990) 2010

LIM	MUDEI DA'AS,	INC.				20-149420	8
Par			ctivities Out	side the United States. Comple	ete if the organ	nization answered "	res"
	to Form 990, Part	t IV, line 14b.		· · · · · · · · · · · · · · · · · · ·			
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of the gr	ants or assista	ance, the	
	grantees' eligibility for th	e grants or assis	stance, and the s	selection criteria used to award the gra	nts or assista	nce?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of gr	ant funds out	side the United Stat	es.
3	Activities per Region. (Th	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If acti is a pro describe of servi	(f) Total expenditures for and investments in region	
							-
-							
0 -	Cub total	0	0				
	Sub-total Total from continuation	ļ	- 0				0.
U	sheets to Part I	١ .					0.
c	Totals (add lines 3a						1
	and 3b)	0	0				0.

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

Page 2		X	(i) Method of valuation (book, FMV, appraisal, other)						
	990, Part IV, line 15, for		(h) Description of non-cash assistance						
94208	"Yes" to Form 9		(g) Amount of non-cash assistance		0				
20-1494208	janization answered		(f) Manner of cash disbursement		PAYMENT BY				
	omplete if the org	han \$5,000	(e) Amount of cash grant		0				
D	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	(d) Purpose of grant	SUPPORT OF THE RELIGIOUS AND	EDUCATIONAL INSTITUTION ENGAGED				
LIMUDEI DA'AS, INC.	anizations or Entities (Check this box if no space is needed.	(c) Region		TSEN RACT				
	r Assistance to Org	recipient who received more than \$5,000. Check this b Part II can be duplicated if additional space is needed.	(b) IRS code section and EIN (if applicable)		•				
Schedule F (Form 990) 2010	Part # Grants and Other	recipient who reci Part II can be dup	1 (a) Name of organization						

SEE PART V FOR COLUMN (D) DESCRIPTIONS 30

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

N

Schedule F (Form 990) 2010

032072 12-20-10

Schedule F (Form 990) 2010 LIMUDEI DA'AS, INC. 20–1494208

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

Part III can be duplicated if additional space is needed.

, `		!			1			0
(h) Method of valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2010
(g) Description of non-cash assistance								Schedu
(f) Amount of non-cash assistance								
(e) Manner of cash disbursement								
(d) Amount of cash grant			-					
(c) Number of recipients								
(b) Region								
(a) Type of grant or assistance								

032073 12-20-10

Schedu	ule F (Form 990) 2010 LIMUDEI DA'AS, INC.	20-1494208	Page 4
Part			1,090 1
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

Schedule F (Form 990) 2010 LIMUDEI DA'AS, INC.	20-1494208 Page 5
Schedule F (Form 990) 2010 LIMUDEI DA'AS, INC. Part V Supplemental Information	20-1494208 Page 5
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line	
Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated nur	mber of recipients), as applicable.
Also complete this part to provide any additional information.	
PART II, COLUMN (D):	
REGION: MIDDLE EAST	
	ITONIAT
(D) PURPOSE OF GRANT: SUPPORT OF THE RELIGIOUS AND EDUCAT	TONAL
INSTITUTION ENGAGED IN BRINGING PERSONS CLOSER TO THE ORT	HODOX JEWISH
FAITH.	
	•
032075 12-20-10	Schedule F (Form 990) 2010

_____3______

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LIMUDEI DA'AS, INC.

Employer identification number 20-1494208

							_====		-								
FORM	990,	PART	VI	, SECTI	ON	В,	LINE	11:	A SU	JMMA	RY	OF A	LL !	rans <i>i</i>	ACTIO	ONS IS	
FIRS	r PRO	VIDED	то	CURREN	1T '	TRU	STEES	FOL	LOWEI	BY	A	COPY	OF	FORM	990	PRIOR	то
IT'S	FILI	NG.	_														
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