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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

2011

Open to Public Inspection

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

A For the **2011** calendar year, or tax year beginning **NOV 1, 2011** and ending **OCT 31, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANSCHEI CHESED FUND, INC.		D Employer identification number 27-3298862
	Doing Business As		E Telephone number (718) 951-8198
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,424,196.
	City or town, state or country, and ZIP + 4 BROOKLYN, NY 11210		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: JEFFREY PATOW SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **N/A**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: **2010** **M** State of legal domicile: **DE**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MAKE GRANTS TO EXEMPT ORGANIZATIONS IN THE UNITED STATES AND ABROAD FOR (SEE SCHEDULE O)			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,279,557.	1,423,473.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,227.	723.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,280,784.	1,424,196.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000,000.	2,803,530.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,140.	31,818.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,009,140.	2,835,348.
	19	Revenue less expenses. Subtract line 18 from line 12	1,271,644.	-1,411,152.
	20	Total assets (Part X, line 16)	1,421,144.	9,992.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,421,144.	9,992.
	Beginning of Current Year		1,421,144.	9,992.
	End of Year		0.	0.
			1,421,144.	9,992.
			0.	0.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Preparer Signature of officer JEFFREY PATOW, PRESIDENT Type or print name and title	Date	
	Print/Type preparer's name TIMOTHY ANDREWS	Preparer's signature
	Date	Check if self-employed <input type="checkbox"/> PTIN P01317150
	Firm's name MARKS PANETH & SHRON LLP	Firm's EIN 11-3518842
Firm's address 685 THIRD AVENUE NEW YORK, NY 10017	Phone no. 212 503-8800	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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