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Form 990

Department of the Treasury  
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)

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

OMB No. 1545-0047

2011

Open to Public  
Inspection

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

B Check if applicable	C Name of organization  ANSCHEI CHESED FUND, INC.		D Employer identification number  27-3298862
<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	Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) 2817 AVENUE K		E Telephone number  (718) 951-8198
	City or town, state or country, and ZIP + 4 BROOKLYN, NY 11210		G Gross receipts \$ 1,424,196.
	F Name and address of principal officer. JEFFREY PATOW SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► N/A			If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,279,557.	1,423,473.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,227.	723.
	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.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,421,144.	9,992.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		1,421,144.	9,992.

## 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.

Signature Here SC D E N D G O C P A R P U S E O N L Y	► Signature of officer	Date	
	► JEFFREY PATOW, PRESIDENT		
	Type or print name and title		
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
TIMOTHY ANDREWS			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)

622001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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