Form **990**

Department of the Treasury

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

DLN: 93493199000332 OMB No 1545-0047

Open to Public

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

and ending 08-31-2 and en	H(a) Is this as H(b) Are all a If "No H(c) Group L Year of form ed of more than 25	11-2163 E Telephone (718) 73 G Gross receil group return for affiliates included ," attach a list b exemption in mation 1968	enumber 5-0400 pts \$ 13,524,116 illiates? Yes No d? Yes No st (see instructions) number • M State of legal domicile N
t (or P O box if mail is not delivered to street address) address of principal officer OCK OMERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other > zation's mission or most significant activities organization discontinued its operations or dispose of the governing body (Part VI, line 1a)	H(a) Is this as H(b) Are all a If "No H(c) Group L Year of form ed of more than 25	11-2163 E Telephone (718) 73 G Gross receil group return for affiliates included ," attach a list b exemption in mation 1968	e number 5-0400 pts \$ 13,524,116 illiates? Yes No d? Yes No st (see instructions) number ► M State of legal domicile N
address of principal officer OCK MERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other > zation's mission or most significant activities organization discontinued its operations or dispose of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a is (estimate if necessary) evenue from Part VIII, column (C), line 12	H(a) Is this as H(b) Are all a If "No H(c) Group L Year of form ed of more than 25	F Telephone (718) 73 G Gross receil group return for affiliates included "attach a listo exemption in mation 1968	e number 5-0400 pts \$ 13,524,116 illiates? Yes No d? Yes No st (see instructions) number ► M State of legal domicile N
address of principal officer OCK MERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other > zation's mission or most significant activities organization discontinued its operations or dispose of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a is (estimate if necessary) evenue from Part VIII, column (C), line 12	H(a) Is this as H(b) Are all a If "No H(c) Group L Year of form ed of more than 25	(718) 73 G Gross receipment of affiliates included in attach a list of exemption in mation 1968 5% of its net	pts \$ 13,524,116 illiates 7 Yes No d? Yes No st (see instructions) number •
address of principal officer OCK MERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other > zation's mission or most significant activities organization discontinued its operations or dispose of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a is (estimate if necessary) evenue from Part VIII, column (C), line 12	H(a) Is this as H(b) Are all a If "No H(c) Group L Year of form ed of more than 25	G Gross receiption for affiliates included affiliates aff	pts \$ 13,524,116 illiates? Yes No d? Yes No st (see instructions) number - M State of legal domicile N
address of principal officer FOCK OMERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other zation's mission or most significant activities organization discontinued its operations or dispose s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a) s employed in calendar year 2010 (Part V, line 2a) s (estimate if necessary) evenue from Part VIII, column (C), line 12	H(b) Are all a If "No, H(c) Group L Year of form ed of more than 25 1b)	group return for affinates included," attach a listo exemption in mation 1968	iliates? Yes No d? Yes No st (see instructions) number ► M State of legal domicile N
address of principal officer FOCK OMERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other zation's mission or most significant activities organization discontinued its operations or dispose s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a) s employed in calendar year 2010 (Part V, line 2a) s (estimate if necessary) evenue from Part VIII, column (C), line 12	H(b) Are all a If "No, H(c) Group L Year of form ed of more than 25 1b)	affiliates included," attach a list of exemption in mation 1968	d?
TOCK OMERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other > zation's mission or most significant activities organization discontinued its operations or dispose s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a) s employed in calendar year 2010 (Part V, line 2a) s (estimate if necessary) evenue from Part VIII, column (C), line 12	H(b) Are all a If "No, H(c) Group L Year of form ed of more than 25 1b)	affiliates included," attach a list of exemption in mation 1968	d?
TOCK OMERY STREET IY 11225 501(c) () (insert no) 4947(a)(1) or 527 rust Association Other > zation's mission or most significant activities organization discontinued its operations or dispose s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a) s employed in calendar year 2010 (Part V, line 2a) s (estimate if necessary) evenue from Part VIII, column (C), line 12	H(b) Are all a If "No, H(c) Group L Year of form ed of more than 25 1b)	affiliates included," attach a list of exemption in mation 1968	d?
MERY STREET IY 11225 501(c) () ((insert no) 4947(a)(1) or 527 rust Association Other zation's mission or most significant activities organization discontinued its operations or dispose s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line 2a) s employed in calendar year 2010 (Part V, line 2a) s (estimate if necessary) evenue from Part VIII, column (C), line 12	If "No H(c) Group L Year of form ed of more than 25	mation 1968 5% of its net	st (see instructions) number ► M State of legal domicile N
rust Association Other Formula of the governing body (Part VI, line 1a)	If "No H(c) Group L Year of form ed of more than 25	mation 1968 5% of its net	st (see instructions) number ► M State of legal domicile N
rust Association Other Formula Continued its operations or dispose of the governing body (Part VI, line 1a)	L Year of form	nation 1968 5% of its net	M State of legal domicile N
rust Association Other Formula Continued its operations or dispose of the governing body (Part VI, line 1a)	ed of more than 25 1b)	5% of its net	
zation's mission or most significant activities organization discontinued its operations or dispose s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line s employed in calendar year 2010 (Part V, line 2a s (estimate if necessary) evenue from Part VIII, column (C), line 12	ed of more than 25 1b)	5% of its net	
zation's mission or most significant activities organization discontinued its operations or dispose s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line s employed in calendar year 2010 (Part V, line 2a s (estimate if necessary) evenue from Part VIII, column (C), line 12	ed of more than 25 1b)	5% of its net	
organization discontinued its operations or dispose sof the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line semployed in calendar year 2010 (Part V, line 2as (estimate if necessary) evenue from Part VIII, column (C), line 12	 1b)	3	assets
organization discontinued its operations or dispose sof the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line semployed in calendar year 2010 (Part V, line 2as (estimate if necessary) evenue from Part VIII, column (C), line 12	 1b)	3	assets
s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line s employed in calendar year 2010 (Part V, line 2a s (estimate if necessary) evenue from Part VIII, column (C), line 12	 1b)	3	assets
s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line s employed in calendar year 2010 (Part V, line 2a s (estimate if necessary) evenue from Part VIII, column (C), line 12	 1b)	3	assets
s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line s employed in calendar year 2010 (Part V, line 2a s (estimate if necessary) evenue from Part VIII, column (C), line 12	 1b)	3	assets
s of the governing body (Part VI, line 1a) ting members of the governing body (Part VI, line s employed in calendar year 2010 (Part V, line 2a s (estimate if necessary) evenue from Part VIII, column (C), line 12	 1b)	3	455615
ting members of the governing body (Part VI, line semployed in calendar year 2010 (Part V, line 2as (estimate if necessary) evenue from Part VIII, column (C), line 12	1b)		l .
s employed in calendar year 2010 (Part V, line 2a s (estimate if necessary) evenue from Part VIII, column (C), line 12		1 1	2
evenue from Part VIII, column (C), line 12	,	5	302
evenue from Part VIII, column (C), line 12	,	6	302
		7a	+
xable income from Form 990-T, line 34		7b	
·	Prior	Year	Current Year
s (Part VIII, line 1h)		6,760,528	8,551,519
e (Part VIII, line 2g)		5,181,532	4,952,078
t VIII, column (A), lines 3, 4, and 7d)		116	0
I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,175	20,519
s 8 through 11 (must equal Part VIII, column (A),		11,957,351	13,524,116
ınts paıd (Part IX, column (A), lines 1–3).		0	15,524,110
embers (Part IX, column (A), line 4)		0	0
ation, employee benefits (Part IX, column (A), line			
, , , , , , , , , , , , , , , , , , , ,		8,669,038	8,339,924
fees (Part IX, column (A), line 11e)		4,900	0
art IX, column (D), line 25) ▶ <mark>0</mark>	-		
(, column (A), lines 11a-11d, 11f-24f)		3,244,737	5,164,759
es 13-17 (must equal Part IX, column (A), line 25		11,918,675	13,504,683
Subtract line 18 from line 12		· ·	19,433
			End of Year
e 16)			14,146,962
		6,694,082	5,862,403
ices Subtract line 21 from line 20		8,265,126	8,284,559
	e 16)	Subtract line 18 from line 12	Subtract line 18 from line 12

LAKEWOOD, NJ 08701

May the IRS discuss this return with the preparer shown above? (see instruction

Preparer's signature

Type or print name and title

Firm's name | DAVID WILSCHANSKI

Firm's address 🕨 555 MADISON AVE

Print/Type preparer's name

Paid

Preparer

Use Only

Part	1111		Service Accomplishments a response to any question in thi		
1	Brief	y describe the organization's mi	ssion		
EDUC	ATIO	N			
			gnıficant program services durin	g the year which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services	on Schedule O		
		ne organization cease conducting	g, or make significant changes ir	how it conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	chedule O		
	Section	on 501(c)(3) and 501(c)(4) orga		on's three largest program service 1) trusts are required to report the program service reported	
	(Code	e) (Expenses \$	11,011,541 including grai	nts of \$) (Revenue	\$ 5,052,078)
	•		ELY 1850STUDENTS FROM PRE-SCHOOL		-,,,
4b	(Code	e) (Expenses \$	ıncludıng gran	ts of \$) (Revenue	\$)
4c	(Code	e) (Expenses \$	ıncludıng gran	ts of \$) (Revenue :	\$)
4d	Othe	er program services (Describe i	n Schedule O)		
	(Ехр	enses \$	including grants of \$) (Revenue \$)
4e	Tota	I program service expenses►\$	11,011,541		

Part TV	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f 2}$	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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.	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	Yes	
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		No
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)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . $$. [
			Yes	No
а	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
•	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			
b	return			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		No
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
2	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
1	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		No
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
=	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
1	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
,	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of recorves the evacuitation is required to provide the etable.			
ע	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			
2	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1/h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. 🔽	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	year			
D	Independent			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
_	supervision of officers, directors or trustees, or key employees to a management company or other person?			Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		
	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Νo
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		NO
	venue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12-	Donath and the same and the sam	12-		NI -
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
D	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 in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	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?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 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			
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- 19 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ORGANIZATION
 310 CROWN STREET

BROOKLYN, NY 11225 (718) 735-0400

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 organiz	•	lated or	ganız	zatio	n co	mpens	sate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) Average hours	Posi t	tion (that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) LEIMA MINKOWITZ ADMINISTRATOR	40 00	х		х				67,203	0	431
(2) BENJAMIN STOCK ADMINISTRATOR	40 00	х		х		Х		121,700	0	933
(3) BINYOMIN WOLF ADMINISTRATOR	40 00	х			х			84,736	0	24,411
(4) RABBI L NEWMAN PRINCIPAL	40 00				х			87,000	0	11,406
(5) YITZCHOK ZIRKIND ADMINISTRATOR	40 00				х	Х		105,048	0	19,007
_										
			_							
			_							

\$100,000 in compensation from the organization $\blacktriangleright 0$

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

week (describe hours for related organizations) In Studiul Property of the continuation of the continuation sheets to Part VII, Section A Continuation Continuation		(A) Name and Title	(B) Average hours		(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estima amount o	ited fother
total from continuation sheets to Part VII, Section A			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-		from t rganızatı relat	he on and ed
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A					<u> </u>	<u> </u>						\perp		
Total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A					<u> </u>							_		
Total from continuation sheets to Part VII, Section A					_							-		
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A									Ļ					
d Total (add lines 1b and 1c)									-					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶2 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									-	279 697		<u> </u>		44,782
\$100,000 in reportable compensation from the organization 2 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		•						· abovo				<u> </u>		44,762
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2						teu	above) WIIC	o received more tha	111			
on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	}										ated employee	3		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4													
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)					•	•	•		•			4		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	5				-					=	or individual for .	5		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	<u></u>	ction B. Independent Co	ntractors											
(A) (B) (C)		Complete this table for your fix	e highest compe		ındep	end	ent d	contra	ctors	that received more	e than			
			(A)							Desci				
		·		-										
+ + + + + + + + + + + + + + + + + + + +														

		Statement of Revenue				1 0	age 9
	2111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
超	1a	Federated campaigns 1a					513, c 514
and other similar amounts	b	Membership dues 1b					
`#	c	Fundraising events 1c					
<u>,</u> ह्	d	Related organizations 1d					
ŒΙ		Government grants (contributions) 1e	4,500,678				
\$ <u> </u>		All other contributions, gifts, grants, and 1f	4,050,841				
Ě∣		sımılar amounts not ıncluded above					
茰	g	Noncash contributions included in lines 1a-1f \$					
a	h	Total. Add lines 1a-1f		8,551,519			
,			Business Code				
	2a	TUITION & FEES		4 052 079	4,952,078		
	b	TOTION WILLS	-	4,932,076	4,932,076		
	c						
	d						
	e						
		All other program service revenue					
		Total. Add lines 2a-2f		4,952,078			
		Investment income (including dividends, interest					
		and other similar amounts) Income from investment of tax-exempt bond proceeds					
	-						
	5	Royalties	(II) Personal				
	6a	Gross Rents	(II) I CISOIIUI				
	ь	Less rental					
		expenses Rental income					
	_	or (loss)					
}	a	Net rental income or (loss)	(11) O Ho a 11				
	7a	(i) Securities Gross amount	(II) O ther				
		from sales of assets other					
		than inventory					
	_	Less cost or other basis and					
		sales expenses Gain or (loss)					
		Net gain or (loss)					
Ì		Gross income from fundraising events					
		(not including					
		\$of contributions reported on line 1c)					
		See Part IV, line 18					
		а					
		Less direct expenses b					
-		Net income or (loss) from fundraising events	<u> </u>				
		Gross income from gaming activities See Part IV, line 19 . a Less direct expenses b					
		Net income or (loss) from gaming activities					
ł		Gross sales of inventory, less					
		returns and allowances .					
		а					
		Less cost of goods sold b					
1	С	Net income or (loss) from sales of inventory	B 6 .				
}	4.4	Miscellaneous Revenue	Business Code	16,076	16,076		
ŀ	тта	AUXILIARY ENTERPRISE R		4,443			
		GRANT ADMINISTRATION	1	l 4,443	4,443		I
		GRANT ADMINISTRATION					
	c						
	c d	All other revenue					

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mus			(5)	
	ll other organizations must complete column (A) but are not required to c	_	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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				
5	Compensation of current officers, directors, trustees, and key employees	423,469		423,469	
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	6,684,637	5,430,385	1,254,252	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	802,482	802,482		
10	Payroll taxes	429,336	395,291	34,045	
а	Fees for services (non-employees) Management				
b	Legal	950		950	
c	Accounting	32,967		32,967	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	69,896		69,896	
12	Advertising and promotion	861		861	
13	Office expenses	236,813		236,813	
14	Information technology				
15	Royalties				
16	Occupancy	528,373	528,373		
17	Travel	75,979	37,989	37,990	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	215,313	193,782	21,531	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	198,380	178,542	19,838	
23 24	Insurance				
	line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EDUCATIONAL ASSISTANCE	1,948,860	1,948,860		
b	FOOD	692,129	692,129		
c	SUPPLIES	428,081	400,651	27,430	
d	EDUCATIONAL EXPENSES	320,053	320,053		
e	INSURANCE	182,371		182,371	
f	All other expenses	233,733	83,004	150,729	
25	Total functional expenses. Add lines 1 through 24f	13,504,683	11,011,541	2,493,142	0
26	Joint costs. Check here ► ☐ if following			Ι Τ	
	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				

Part X Balance Sheet (A) (B) Beginning of year End of year 2.969 60.083 1 1 2 2 1,800,293 1,590,749 3 3 4 931,726 4 1,000,926 Receivables from current and former officers, directors, trustees, key employees, and 5 highest compensated employees Complete Part II of 5 6 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) Assets 635,497 7 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete 14,043,704 Part VI of Schedule D 10a 10b 2,550,831 11,583,753 11,492,873 b Less accumulated depreciation 10c 11 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 4.970 2,331 15 15 14,959,208 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 14.146.962 1,678,494 1,665,573 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 810,000 22 818,200 4.006.984 23 2.968.975 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 198,604 25 409.655 6,694,082 26 5.862.403 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 8,265,126 8,284,559 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 萝 8,284,559 33 8,265,126 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 14,959,208 14,146,962 34

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13.5	524,116
2	Total expenses (must equal Part IX, column (A), line 25)	2			504,683
3	Revenue less expenses Subtract line 2 from line 1	3			19,433
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,2	265,126
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		8,2	284,559
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain i				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493199000332

11-2163504

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

ASSOCIATED BETH RIVKAH SCHOOLS

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

	rt I			blic Charity Sta						nstruc	tions		
The	organı	zation is	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one l	oox)				
1	\sqcap	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170	(b)(1)(A)(i).				
2	<u>~</u>	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)						
3	\sqcap	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1	l)(A)(iii).				
4	Γ			h organization operat ity, and state	ted in conjun	ction with a	hospital desc	cribed in se	ection 170(b)	(1)(A)((iii). Ente	r the	
5	Γ	_	•	erated for the benefice A)(iv). (Complete P	_	or universit	y owned or o	perated by	a governmen	ital unit	describe	ed in	
6	_			local government or	•	al unit desc	rihad in sacti	on 170(h)((1)(4)(7)				
7	<u>'</u>			at normally receives	_					from the	a deneral	nublic	
,	'	describ	ed in	(A)(vi) (Complete P		ii part or its	support from	a governii	ientar anic or i	TOTT CITE	e general	public	
8	Г			described in sectior		A)(vi) (Com	nplete Part II)					
9				at normally receives					nbutions, mer	nbershi	p fees, a	nd gro	ss
				ities related to its ex									
				oss investment inco									
				ganızatıon after June						•			
10	Г			ganızed and operated									
11	Г	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 a											
e f	'	other the section of the ocheck t	han foundatı n 509(a)(2) ırganızatıon thıs box	ox, I certify that the on managers and other received a written de	her than one etermination	or more pub	licly supporto	ed organiza Type I, Ty	ations describ	ed in s	ection 50	9(a)(1) or
g			ng persons?	2006, has the organi	Zation accep	ited any grit	or contribution	on nom an	y or the				
				rectly or indirectly c	ontrols, eith	er alone or to	ogether with i	persons de	scribed in (ii))		Yes	No
		and (III) below, the	governing body of th	e the suppor	ted organiza	ition?				11g(i)		
		(ii) a fa	mily membe	er of a person descri	bed in (i) abo	ve?					11g(ii)		
		(iii) a 3	35% control	led entity of a perso	n described i	ın (ı) or (ıı) a	bove?				11g(iii)		
h				ng information about									
(i) Name suppoi organiza		ne of (ii) (described on orted EIN lines 1-9 above or IRC section		organızatı col (ı) lıs your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		A mo	r ii) unt of port	
				(see instructions))	Yes	No	Yes	No	Yes	No	,		
-													
Tota	ı												

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.)

-	action A Public Support	organization i	ans to quanty t	macr the tests	iloted below, pie	case complete	raiciii.)
	ection A. Public Support	<u> </u>	T		, , , , , , , , , , , , , , , , , , , 	1	
Cale	endar 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						
	ınclude any "unusual	1					
_	grants ")	<u> </u>	+	+	 		
2	Tax revenues levied for the	1					
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities	<u> </u>	1	+	+		
3	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3			1			
5	The portion of total contributions		+	+	+		
3	by each person (other than a	1					
	governmental unit or publicly						
	supported organization) included on	1					
	line 1 that exceeds 2% of the	1					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
-	line 4	1					
Se	ection B. Total Support	•	-	•	•		
	endar year (or fiscal year beginning	() 2222	412222	() 2222	/ D 2222	() 22/2	
	in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
	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 activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	zation,
	check this box and stop here						▶ ┌
	ection C. Computation of Pub						
14	Public Support Percentage for 2010) (line 6 column ((f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A . Pa	rt II. line 14			15	
	-	•	-	v on line 12!	line 14 := 22 4 (=0)		this have
тоа	33 1/3% support test—2010. If the and stop here. The organization qua				nne 14 is 33 1/3%	or more, check	this box
h	•		, ,,		Saland line 1 Eve 3	33 1/20% or more	
D	33 1/3% support test—2009. If the box and stop here. The organization				oa, anu inie 15 is s	, אווו וויט של בעד כיכ	. check this ►
172	10%-facts-and-circumstances test-				ne 13 162 or 164	and line 14	F-1
1 / a	is 10% or more, and if the organizat						
	in Part IV how the organization mee						rted
	organization	es the lacts and	circumstances	cost The Organiz	acion qualifics as	a publicly suppor	►
h	10%-facts-and-circumstances test-	-2009 . If the ora:	anization did not	check a box on lu	ne 13.16a 16b o	r 17a and line	FI
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						V
	supported organization					Pasilel	′ ▶⊏
18	Private Foundation If the organizati	on did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	
	instructions			, -,	,		▶ □

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a 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 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493199000332

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emal	Revenue Service	orm 990. ► See separate instructions.		Inspec	tion
	ne of the organization OCIATED BETH RIVKAH SCHOOLS		Employer id	entification number	er
1331	CLATED BETH KINKAH SCHOOLS		11-216350)4	
₽a	rt I Organizations Maintaining Donor A				te if the
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds	(h) Euro	ds and other accou	ınto
	Total number at end of year	(a) Donor advised funds	(b) Fulle	is and other accou	1111.5
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	l donor advisors in writing that grant funds nefit of the donor or donor advisor, or for ai	ny other purpo	Yes	┌ No
eli	Conservation Easements. Complete	-	<u>o Form 990,</u>	Part IV, line 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of an Preservation of a o	certified histor	ric structure	e a
	easement on the last day of the tax year		Held	d at the End of the	Vear
а	Total number of conservation easements		2a	a at the Lind Of the	: rear
- b	Total acreage restricted by conservation easements	5	2b		
_ C	Number of conservation easements on a certified his		2c		
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d		
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conserv		ed by the organ	nization during	
	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	dling of violation	ons, and Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during th	e year ►	
	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation easements	s during the ye	ar 🕨 \$	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction	┌ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial			
a r	Organizations Maintaining Collection Complete if the organization answered		or Other Si	milar Assets.	
3	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	l for public exhibition, education or researc	ch in furtheran		e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, line 1	L	▶	\$	
	(ii) Assets included in Form 990, Part X		 - 5	\$	
	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gai	n, provide the	
а	Revenues included in Form 990, Part VIII, line 1		▶ :	\$	
b	Assets included in Form 990, Part X		b - d		
	meraded in Form 550, Fall A			r	

Par	TIT Organizations Maintaining Co	ilections of Art,	HIS	<u>tori</u>	<u>cai ireas</u>	sures, or Ot	ne	<u>r Similar Asse</u>	ets (co	ntinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing that	are a sıgnıfıcar	nt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or ex	change progra	ms			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	n hov	v the	y further the	e organization's	s ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Complet	te ıf	the	organizati			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for c	ontributions	s or other asse	ts r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	ollow	ıng t	able			Amo	unt	
c	Beginning balance					1	lc			
d	Additions during the year					1	ld			
e	Distributions during the year					1	le			
f	Ending balance					1	Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV							·		
Pa	rt V Endowment Funds. Complete			wer Prior					e)Four Y	ears Back
1a	Beginning of year balance									
b	Contributions									
C	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held as	5							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ►									
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	tion t	that	are held and	ladministered	for	the	Yes	No
	(i) unrelated organizations							3a(i)	1	110
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of th					5 IV I 4				
Par	t VI Investments—Land, Buildings	s, and Equipmen	it. 5		•					
	Description of investment) Cost or other is (investment			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					5,427,3	350			5,427,350
	Buildings		•			8,492,3	91	2,456,640		6,035,751
	Leasehold improvements		•				\dashv			
	Equipment		•			17,3	-	17,352		0
	Other		. /5:	<u></u>	10(.)	106,6		76,839		29,772
ota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colum	n (B)), line	10(c).) .				1	1,492,87

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	(B)Book value	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
	,	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a) Descrip			(b) Book value
(4) 5 5 5 11,			(2) 20011 10100
Total (Column (h) should equal Form 000, Part V and (B) In-	5.)	_	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			l
Part X Other Liabilities. See Form 990, Part X		<u></u>	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
ADVANCE TUITION	259,020		
LOANS	150,635		
	,		
			
		İ	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	409,655		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	163	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,524,116
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,504,683
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,433
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		8	
9	Other (Describe in Part XIV)	9	
	Total adjustments (net) Add lines 4 - 8		10.422
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	19,433
	Reconciliation of Revenue per Audited Financial Statements With Revenue		eturn
L	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		
a	Net unrealized gains on investments	-	
Ь	Donated services and use of facilities		
с	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV)		
e	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
L	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	Supplemental Information		

Identifier Return Re

additional information

Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493199000332

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATED BETH RIVKAH SCHOOLS

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Employer identification number

	11-2163504			
Pa	rt I		YES	NO
1	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	Yes	
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	Yes	
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 has 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	Yes	
		- - -		
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	i

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	NEWSPAPER ADVERTISING
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE INSTITUTION RECEIVES ASSISTANCE FROM THE DEPARTMENT OF EDUCATION, NY STATE EDUCATION DEPARTMENT, DEPARTMENT OF HEALTH AND HUMAN SERVICES AND OTHERS

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493199000332

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

2010

Open to Public Inspection

Internal Revenue Service										Inspec	tion	
Name of the organization ASSOCIATED BETH RIVKAH SCHOOLS										tion numbe	er	
Part I Excess Benefit Train	ti	ione (s	action E01/	'c\(2\ -	and caction E01	(c)(4)		1-21635				
Complete if the organizat										ine 40b		
			105 01110111	.,,,,,,	uicit, iiio 254 o	200,	<u> </u>	<i></i>	uic v , ii	100	(c)	
1 (a) Name of disq	(a) Name of disqualified person					(b) Description of transaction						
										Yes	No	
2 Enter the amount of tax impos section 4958	ed on t	he orgar	nization mana	agers or	disqualified perso			ear under	\$			
3 Enter the amount of tax, If any	on line	e 2. abo	ve. reimburs	ed by th					\$			
	•	·		,							_	
Part II Loans to and/or					. D TV lon - 26		- 000 [l 20	_		
Complete if the organiz			Yes on Fo	orm 990	, Part IV, line 26,	, or Forn	n 990-E	(f)	, iine 38	<u>a</u>		
(a) Name of interested person and) Loan to from the (c)O		ınal		(e) In		Approved			(g)Written	
purpose		zation?	(c)O rig principal a		(d)Balance due	defau	lt?	t? by board or committee?		agreement?		
	To	From	-			Yes	No	Yes	No	Yes	No	
(1) BENJAMIN STOCK												
INTEREST FREE LOAN TO				10000	0.10.200		N.		,,			
COVER OPERATING EXPENSES	X		8	10,000	818,200		No		No		No	
								+	+			
									1			
Total				► \$	818,200							
Part III Grants or Assista						. l.m.a. 3	. 7					
Complete if the orga	inizatio				rm 990, Part IV een interested per		./.					
(a) Name of interested pers	on	''			ganization	5011	(c) A m	ount of gr	ant or ty	pe of assis	stance	
						- 1						

Part IV Business Transactions In Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
	organızatıon			Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule L (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493199000332

OMB No 1545-0047

2010

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

ASSOCIATED BETH RIVKAH SCHOOLS

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

Employer identification number

11-2163504

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATIONS GOVERNING BODY BEFORE FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE INSTITUTION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST