\Form 990-EZ

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Short Form 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 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning Check if applicable Please Name of organization Employer identification number use IRS Address change label or CHAI CORPORATION 11-2811151 Name change print or Initial return Number and street (or P O box, if mail is not delivered to street address) type. Room/suite Telephone number **4907 18TH AVENUE** Termination Specific Amended return City or town, state or country, and ZIP + 4 **Group Exemption** Instruc-Application pending tions BROOKLYN NY 11204 Number • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting method Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Website: ► N/A Check ▶ Tax-exempt status (check only one) — 3) **∢** (insert no) X 501(c) (4947(a)(1) or 527 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 201,967 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 201,870 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 97 4 Investment income 4 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) C 5c 2010 Revenue Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including - \$\/ [] of contributions reported on line[1) 6a Less direct expenses other than fundraising expenses

Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6b C 6<u>c</u> Gross sales of inventory, less returns and allowances 7a Less cost of goods sold EN IIT 7b Gross profit or (loss) from sales of inventory-(Subtract line 7b from line 7a) C 7c 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 201,967 9 Denses Nivier Grants and similar amounts paid (attach schedule) 105,982 Stmt 1 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe 16 105,982 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 95,985 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 95,985 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 95,985 22 23 Land and buildings 23 24 Other assets (describe 24 25 Total assets 0 95,985 25 26 Total liabilities (describe 0 26 95,985 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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Form 990-EZ (2009) CHAI CORPORATION	11	-2811151			Page	e 2
Part III Statement of Program Service Accomplishments (S	See the instruc	tions for Part I	II.)	Ех	penses	
What is the organization's primary exempt purpose?				• •	for section	
See Statement 2			\dashv		and 501(c)(4)	
Describe what was achieved in carrying out the organization's exempt purposes. In a manner, describe the services provided, the number of persons benefited, or other re				=	ons and section) trusts, optional	
each program title				for others		
28 CHARITIES GIVEN TO A VARIETY OF TAX EXEMPT ORGANIZATIONS T	THAT					_
PROVIDE OR SUPPORT EITHER RELIGIOUS, EDUCATIONAL OR SCIENT	FIFIC PROGRAMS					
445 444			ᄺ.			
(Grants \$ 105, 982) If this amount includes foreign grants, chi	eck here		Щ	28a	105,98	2
29			İ			
(Grants \$) If this amount includes foreign grants, che	eck here		Ш	29a		
30	·					
		_	ہے			
(Grants \$) If this amount includes foreign grants, chi 31 Other program services (attach schedule)	eck here		닉	30a		_
(Grants \$) If this amount includes foreign grants, ch	eck here	•	\sqcap	31a		
32 Total program service expenses (add lines 28a through 31a)	out more	- -		32	105,98	2
Part IV List of Officers, Directors, Trustees, and Key Employees. List each			e the	instructions f	or Part IV)	
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) emplo	Contributions to yee benefit plans &	(e) Expense account and	
	devoted to position	enter -0)		red compensation		s
MARK BERGER				•		0
ROCHELLE GUTMAN		0		0	 	
NOOMED COLLEGE	3.00	0		0	, i	0
JACK DEUTSCH						
	<u> </u>	0	ļ	0		0
SOLOMON KNOPF						
		0		0	 	0
DAVID COHEN				0		o
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	i .					

Form **990-EZ** (2009)

P	art V Other Information (Note the statement requirements in the instructions for P	art V.)			
				Yes	No
33	*Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		\neg		
	description of each activity	3	3		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		\neg		
	the changes	3	4		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		- 1	ĺ	
	6033(e) notice, reporting, and proxy tax requirements?	35	5a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35	5b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N	3	6	- 1	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr				
b		37	7ь		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	e			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38	3a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved [38b]				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities 39b		- 1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶				
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benef	it	- 1		
	transaction during the year or is it 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			i	
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40	ь		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,		- 1		
	4955, and 4958		- 1		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T	40	е		X
41	List the states with which a copy of this return is filed None				
42a	The organization's books are in care of ▶ Tele	ephone no			
	Located at	ZIP + 4 ▶			
þ	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	_	\perp	Yes	No
	account)?	42	ь		X
	If "Yes," enter the name of the foreign country		1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1	
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	с		<u>X</u>
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	1		1	▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
			_		
			_	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ	4	4	[X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ	4	_		X
		Form	99()-EZ	(2009)

Form	n 990-EZ (2009) CHAI CORPORATION	1	1-2811151			F	age 4	
	Section 501(c)(3) organizations and section 4947(a) 501(c)(3) organizations and section 4947(a)(1) non and complete the tables for lines 50 and 51.	a)(1) nonexem	ot charitable tr			n		
46	Did the organization engage in direct or indirect political campaign activities	on hohalf of or in or	unacition to			Yes	No	
46	candidates for public office? If "Yes," complete Schedule C, Part I	on benall of or in of	position to		46	162	No X	
47		ulo C. Bort II			47		X	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedu		o Cabadula E		48		X	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)		e Scriedule E		49a	-	X	
49a	Did the organization make any transfers to an exempt non-charitable related	organization?			\vdash		-	
b	If "Yes," was the related organization a section 527 organization?	/		and have	49b	L	<u> </u>	
50	Complete this table for the organization's five highest compensated employed	•	• •	-				
	employees) who each received more than \$100,000 of compensation from the (a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week		(d) Contributions to employee benefit plans &			it and	
Non		devoted to position		deferred compensation	othe	allowa	nces	
			ļ					
	•							
						_ -		
				-				
			<u> </u>					
51	Complete this table for the organization's five highest compensated indepensation of compensation from the organization. If there is none, enter "Nor		o each received me	ore than				
	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) C	ompen	sation		
No	one							
	Tatal number of other undependent contractors each recovering over \$100.000			1				
d	Total number of other independent contractors each receiving over \$100,000	·					-	
Sig				preparer has any kno				
Her	President - Rochelle	Guta	Date Date					
	Preparer's	Date	Check if self-	Preparer's Iden	tifying N	ımber (S	ee instr	
Pai		11/0	9/10 employed ▶	090-6	2-3	347		

Sol Hartman & Company

New York, NY

May the IRS discuss this return with the preparer shown above? See instructions

386 Park Ave South, Room 1600

10016

► Yes X No Form 990-EZ (2009)

no ▶ 212-68<u>5-36</u>02

EIN_

Phone

Preparer's

Use Only

Firm's name (or yours

address, and ZIP + 4

if self-employed),

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

CHAI CORPORATION

Employer identification number 11–2811151

Pa	ırt l	Reas	on for Public Charity	Status (All organizations	s must o	complet	te this	part.)	See ir	struc	tions.			
The	orgar	nization is not	a private foundation because	se it is (For lines 1 through 11,	check onl	y one box	:)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2	П		ol described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3			al or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	П	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 stat						,, ,,, ,,,,	,				•	
5		•		of a college or university owned	or operat	ed by a d	overnme	ental un	t descri	hed in				
•			b)(1)(A)(iv). (Complete Part		ог орога	ou by u g	0 10111111	Jillai aiii	40301	DCG III				
6	\Box		tate, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X													
•	••	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8				omplete Part II) 170(b)(1)(A)(vi). (Complete Part	. 11 \									
9	Н	•		1) more than 33 1/3 % of its sup	•	contribut			un faaa					
9	ш									_				
				npt functions—subject to certain nd unrelated business taxable in							•			
				30, 1975 See section 509(a)(2)				c) iroin t	ousines	ses				
10				exclusively to test for public safe										
11				exclusively for the benefit of, to					. mut th					
• •		_	•	ted organizations described in s	•				•					
				the type of supporting organizati					•	Section	•			
		a Type		c Type III–Function			d	— ·		hor				
е	\Box		··	ganization is not controlled direc	, ,		-		e III-OI					
Ü	ш			and other than one or more pul	-				-		_			
			section 509(a)(2)	and other than one of more pur	oncry supp	Joiled Olg	janizatio	ns desc	indea in	3601101	•			
f			, ,, ,	ermination from the IRS that it is	a Type I	Type II	or Type	III eunn	ortina					
•			check this box	similation from the into that it is	a Type I	Type II, I	or Type	iii suppi	orung					\Box
~		. *		ition accepted any gift or contrib	ution from	any of th	10							
g		following per		mon accepted any girt or contrib	ution non	i ally of th	ie							
		• .		ontrols, either alone or together	with nors	ane docor	abod in (\					Yes	No
					with beis	ons desci	ibea iii ('' <i>)</i>				44-0	res	No
			member of a person descri	of the supported organization?								11g(i)		
			· ·	described in (i) or (ii) above?								11g(ii)		
h			·									11g(rii		<u> </u>
<u>h</u>	Name	of supported	(ii) EIN	he supported organization(s)	(bu) la tha	· · · · · · · · · · · · · · · · · · ·	64 Det.		6.0	- 45 -		(a.111) A		
117		anization	(11) [11]	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify	organizat	s the ion in col	۱ '	vii) Am) supp		
				above or IRC section		document?		of your		zed in the				
				(see instructions))	Yes	No	Yes	ort?	Yes	S?				
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	edule A (Form 990 or 990-EZ) 2009 CH2					2811151	Page 2
Pa	art II Support Schedule for O	rganizations [Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	
<u>'</u>	(Complete only if you ch	ecked the box	<u>on line 5, 7, o</u>	r 8 of Part I.)			
	tion A. Public Support		···				
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					201,870	201,870
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					201,870	201,870
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						201,870
	tion B. Total Support				·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					201,870	201,870
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					97	97
9	Net income from unrelated business activities, whether or not the business is regularly carried on	*****				0	
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	<u> </u>					201,967
12	Gross receipts from related activities, etc.					12	97
13	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	_
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6	, column (f) divide	d by line 11, colum	nn (f))		14	99.95%
15	Public support percentage from 2008 Sch					15	%
16a				13, and line 14 is 3	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies						► X
b	33 1/3 % support test—2008. If the organ	ization did not che	ck a box on line 1	3 or 16a, and line 1	15 is 33 1/3 % or n	nore, check this	_
	box and stop here. The organization quali	•	• •				▶ [_]
17a	17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the						
	organization meets the "facts-and-circums						▶ 🗌
þ	10%-facts-and-circumstances test—200	8. If the organizati	on did not check a	box on line 13, 16	ia, 16b, or 17a, an	d line 15 is 10% or	
	more, and if the organization meets the "fa			-	-		_
	organization meets the "facts-and-circums						▶ □
18	Private foundation. If the organization did	I not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e instructions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 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 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 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) 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 2009 (line 8, column (f) divided by line 13, column (f)) % 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. 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 organization 33 1/3 % support tests—2008. 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 20

Page 4

Schedule A (Form 990 or 990-EZ) 2009 CHAI CORPORATION 11-2811151

Part IV 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. Provide any other additional information. See instructions.

11/9/2010 5:59 PM Explanation FM< Book Value Explanation Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations Book Value Noncash Contribution **Federal Statements** 25,000 12,500 15,000 52,500 Cash Contribution Class of Activity Description of Property AMERICAN FRIENDS OF TORAT CHAIM 7/01/09 VAAD L'HATZOLAH NICHEI YISROEL CHAICORP CHAI CORPORATION Date of Gift Name and Address 1566 CONEY ISLAND AVE OTZAR DAAT INSTITUTE BROOKLYN, NY 11218 BROOKLYN, NY 11230 MONSEY, NY 10952 3904 15TH AVENUE FYE: 12/31/2009 9 TOKAY LANE 11-2811151 Total

CHAICORP CHAI CORPORATION

Federal Statements

. 11-2811151 FYE: 12/31/2009 11/9/2010 5:59 PM

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE SUPPORT TO QUALIFIED CHARITIES FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND/OR EDUCATIONAL PURPOSES. THE CHARITIES SHALL NOT CARRY ON ACTIVITIES NOT PERMITTED TO BE CARRIED ON BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (c)(3).