

**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

**A For the 2004 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>EZER M'ZION INC</b>	<b>D Employer identification number</b> <b>13-3660421</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1281 49TH STREET</b>	<b>E Telephone number</b> <b>718-253-8855</b>
		City or town, state or country, and ZIP + 4 <b>BROOKLYN, NY 11219</b>	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number

**G Website:** **N/A**

**J Organization type** (check only one)  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

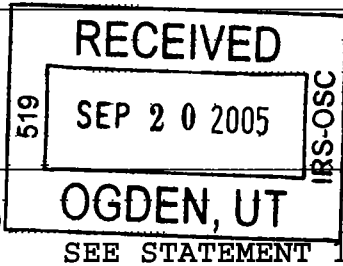
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2456637.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received: <b>a</b> Direct public support <b>b</b> Indirect public support <b>c</b> Government contributions (grants) <b>d Total</b> (add lines 1a through 1c) (cash \$ <b>2456284.</b> noncash \$ )	1a	<b>2456284.</b>	1d	<b>2456284.</b>	
	2		2		
	3		3		
	4		4	<b>353.</b>	
	5		5		
	6 a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a)	6a 6b 6c		6c	
	7 Other investment income (describe )	7		7	
	8 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B))	(A) Securities 8a 8b 8c (B) Other		8d	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> a Gross revenue (not including \$ of contributions reported on line 1a) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a)	9a 9b 9c		9c	
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10a 10b 10c		10c	
	11 Other revenue (from Part VII, line 103)	11		11	
	12 <b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		12	<b>2456637.</b>
<b>13</b> Program services (from line 44, column (B)) <b>14</b> Management and general (from line 44, column (C)) <b>15</b> Fundraising (from line 44, column (D)) <b>16</b> Payments to affiliates (attach schedule) <b>17 Total expenses</b> (add lines 16 and 44, column (A))	13		13	<b>1339467.</b>	
	14		14	<b>98247.</b>	
	15		15	<b>772618.</b>	
	16		16		
	17		17	<b>2210332.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	18		18	<b>246305.</b>	
	19		19	<b>-270234.</b>	
	20		20	<b>19888.</b>	
	21		21	<b>-4041.</b>	



SCANNED OCT 13 2005

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <b>628750</b> , noncash \$ _____)	22 628750.	628750.	<b>STATEMENT 4</b>	
23	Specific assistance to individuals (attach schedule)	23 153644.	153644.	<b>STATEMENT 5</b>	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 134765.	69789.	13993.	50983.
26	Other salaries and wages	26 183125.	15033.	11027.	157065.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 45583.	10726.	4273.	30584.
30	Professional fundraising fees	30			
31	Accounting fees	31 10242.		10242.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 22181.		2218.	19963.
35	Postage and shipping	35 23004.		1150.	21854.
36	Occupancy	36 16025.		1602.	14423.
37	Equipment rental and maintenance	37 2260.		226.	2034.
38	Printing and publications	38 28112.			28112.
39	Travel	39 80501.			80501.
40	Conferences, conventions, and meetings	40			
41	Interest	41 30078.		30078.	
42	Depreciation, depletion, etc. (attach schedule)	42 2405.		240.	2165.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 2</b>	43e 849657.	461525.	23198.	364934.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2210332.	1339467.	98247.	772618.

Joint Costs Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

<b>a</b>	<b>CONTRIBUTIONS TO EZER MIZION IN ISRAEL WHICH PROVIDES MEDICAL AND OTHER SERVICES TO THOUSANDS OF INDIVIDUALS</b>	(Grants and allocations \$ 289000.)	361110.
<b>b</b>	<b>DONATIONS TO ORGANIZATIONS WHICH USE FUNDS TO ASSIST NEEDY AND SICK INDIVIDUALS</b>	(Grants and allocations \$ 340850.)	425629.
<b>c</b>	<b>ASSIST INDIVIDUALS AND THEIR FAMILIES WITH FUNDS FOR NEEDY AND TO PAY FOR MEDICAL AND OR PSYCHIATRIC EXPENSES</b>	(Grants and allocations \$ 152544.)	190548.
<b>d</b>	<b>PAYMENTS TO THE UNIVERSITY OF CALIFORNIA AT LOS ANGELES IMMUNOGENETICS CENTER FOR BONE MARROW TRANSPLANT SERVICES</b>	(Grants and allocations \$ _____)	362180.
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ _____)	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>1339467.</b>

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	80822.	45	83531.
	46 Savings and temporary cash investments	38120.	46	38457.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable <b>STMT 6</b>	51a 232040.		
	b Less: allowance for doubtful accounts	51b 70000.	226040.	51c 162040.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		74282.	54 94170.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 25981.			
b Less: accumulated depreciation <b>STMT 8</b>	57b 20619.	5767.	57c 5362.	
58 Other assets (describe <b>▶ SEE STATEMENT 9</b> )		12518.	58 8335.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		437549.	59 391895.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	23604.	60	14356.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable <b>STMT 10</b>		680000.	64b 380000.
	65 Other liabilities (describe <b>▶ PAYROLL TAXES PAYABLE</b> )		4179.	65 1580.
66 <b>Total liabilities</b> (add lines 60 through 65)		707783.	66 395936.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	-270234.	72	-4041.
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21)	-270234.	73	-4041.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	437549.	74	391895.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <span style="float:right">SEE STATEMENT 11</span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>	85h	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">NEW YORK</span>	90a	6
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b</span>		6
91	The books are in care of <span style="float:right">EZER M' ZION INC</span> Telephone no. <span style="float:right">718-853-8400</span>		
Located at <span style="float:right">1281 49TH STREET, BROOKLYN, NEW YORK</span> ZIP + 4 <span style="float:right">11219</span>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float:right">N/A</span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92</span>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>353.</b>	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>0.</b>		<b>353.</b>	<b>0.</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>353.</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. All information of which preparer has any knowledge.

Date **SEPT 9, 2005** Type or print name and title **VICE PRES**

Date **9/1/05** Check if self-employed  Preparer's SSN or PTIN **14-148-77**

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>EZER M'ZION INC</b>	Employer identification number <b>13 3660421</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>IRV HACKEL</b> ----- <b>237 BEACH 141 STREET, BELLE HARBOR, NY 40</b>	<b>ADMINISTRATOR</b>	<b>78500.</b>		
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Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>GRAND ENERGY</b> ----- <b>9 URI TZVI STREET, PETACH TIKVA, ISRAEL</b>	<b>EVENT CONSULTANT</b>	<b>87000.</b>
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Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3527061.	1324133.	1050760.	941654.	6843608.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	95.	3564.	6161.	135654.	145474.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3527156.	1327697.	1056921.	1077308.	6989082.
24 Line 23 minus line 17	3527156.	1327697.	1056921.	1077308.	6989082.
25 Enter 1% of line 23	35272.	13277.	10569.	10773.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 139782.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 1720768.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6989082.
d Add: Amounts from column (e) for lines: 18 145474. 19 _____ 22 _____ 26b 1720768.					26d 1866242.
e Public support (line 26c minus line 26d total)					26e 5122840.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.2978%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: N/A	(2003)	(2002)	(2001)	(2000)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

**N/A**

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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, attach a separate statement.)  _____ _____ _____		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  _____ _____	<b>32d</b>	
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  _____ _____	<b>33h</b>	
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	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," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)		<b>N/A</b>													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h )			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



2004 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	FUNDRAISING											
1	OFFICE EQUIPMENT	092497200DB	7.00	17		3536.			3536.	3378.		158.
2	COMPUTERS	092497200DB	5.00	17		4400.			4400.	4400.		0.
3	OFFICE EQUIPMENT	030999200DB	7.00	17		900.			900.	699.		80.
4	OFFICE EQUIPMENT	110499200DB	7.00	17		380.			380.	295.		34.
5	OFFICE EQUIPMENT	020200200DB	7.00	17		265.			265.	182.		24.
6	OFFICE EQUIPMENT	070101200DB	5.00	17		7100.			7100.	5055.		818.
7	COMPUTER	062702200DB	5.00	17		1344.		403.	941.	517.		170.
8	COPY MACHINE	070902200DB	7.00	17		500.		150.	350.	127.		64.
9	LAPTOP	091802200DB	5.00	17		1051.		315.	736.	360.		150.
10	CAMERA	100802200DB	7.00	17		480.		144.	336.	105.		66.
11	OFFICE EQUIPMENT	100802200DB	7.00	17		3766.		1130.	2636.	820.		519.
12	SCANNER	100802200DB	7.00	17		259.		78.	181.	56.		36.
13	COMPUTER	051404200DB	7.00	19C		2000.			2000.			286.
	* 990 PAGE 2 TOTAL											
	FUNDRAISING					25981.		2220.	23761.	15994.	0.	2405.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					25981.		2220.	23761.	15994.	0.	2405.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
ADJUST SECURITIES TO MARKET VALUE	19888.
TOTAL TO FORM 990, PART I, LINE 20	19888.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1095.			1095.
ELECTRIC	4688.		469.	4219.
BANK CHARGES AND WIRE FEES	2389.		238.	2151.
EVENTS	191716.			191716.
INSURANCE	19374.		16952.	2422.
OFFICE	17520.		1752.	15768.
SUNDRY	7902.		2986.	4916.
CONSULTANTS	186695.	54345.		132350.
MAINTENANCE & REPAIR	1485.		148.	1337.
CREDIT CARD FEES	3078.			3078.
COMPUTER	6535.		653.	5882.
BAD DEBT RESERVE	45000.	45000.		
UCLA IMMUNOGENETICS CENTER FOR BONE MARROW TRANSPLANT	362180.	362180.		
TOTAL TO FM 990, LN 43	849657.	461525.	23198.	364934.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

SUPPORT FOR EZER MIZION, AN ISRAELI ORGANIZATION, WHICH PROVIDES MEDICAL ASSISTANCE AND SOCIAL SERVICES FOR SICK, DISABLED AND ELDERLY POPULATIONS.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEDICAL CARE FOR NEEDY	EZER M'ZION ORGANIZATION	16 ESHEL AVRAHAM, BNEI BRAK, ISRAEL, BNEI BRAK,	SISTER ORGANIZATION	289000.
MEDICAL CARE FOR NEEDY	EZER YAD	SHERET 9, BNEI BRAK, ISRAEL	NONE	24800.
GRANT SICK PEOPLE	MATTESDORF INT'L	ELLYAHV HANAVI, BNEI BRAK, ISRAEL	NONE	18000.
CHARITY	SHIFRA UFUAH	PARDE ST, BNEI BRAK, ISRAEL	NONE	19000.
MEDICAL CARE FOR NEEDY	VISAMACHTA BECHANGECHA	OR HACHAIM, BNEI BRAK, ISRAEL	NONE	19900.
HELPS NEEDY STUDENTS AND LARGE FAMILIES	YAD LEZULAT	RASHI 35, BNEI BRAK, ISRAEL	NONE	2000.
HELPS NEEDY DURING JEWISH HOLIDAY	KIMCHA DESPICHA RAMAT ELCHANON	RECHOV HAROV, SONNENFELD, ISRAEL	NONE	37100.
CHARITY	RAV PELLIN	37 STREET, BNEI BRAK, ISRAEL	NONE	22450.
CHARITY- HELPS MAINLY SICK PEOPLE	CHASDEI YAAKOV YITZCHAK	ASHEL AVRAHOM 16, BNEI BRAK, ISRAEL	NONE	35000.
SCHOOL	MESIVTA BEVET CHAZON-ISH	C/O HERSKOWITZ -8210 21ST AVE, BROOKLYN, NY 11214	NONE	12500.
TO HELP NEEDY AND ILL INDIVIDUALS	KEREN HALEVI	7 SHIMSHON HAGIBOR ST, BNEI BRAK, ISRAEL	NONE	10000.
HELPS WIDOWS AND THEIR OHAN CHILDREN	KUPAT HAEER	17 SOKOLOV ST, BNEI BRAK, ISRAEL	NONE	10000.
TO HELP NEEDY AND ILL INDIVIDUALS	KEREN NAHARI		NONE	10000.

TO HELP NEEDY AND ILL INDIVIDUALS	KEREN BERMAN	31 RAAVAD ST, BNEI NONE BRAK, ISRAEL		10000.
TO HELP NEEDY AND ILL INDIVIDUALS	KEREN SIMCHON		NONE	10000.
TO HELP NEEDY AND ILL INDIVIDUALS	KEREN SHPIGEL	16 SONENFELD ST, BNEI BRAK, ISRAEL	NONE	10000.
TO HELP NEEDY AND ILL INDIVIDUALS	KEREN BERNSTEIN		NONE	4000.
TO HELP NEEDY AND ILL INDIVIDUALS	KEREN ELAYACH	101 KAHANAMAN ST, BNEI BRAK, ISRAEL	NONE	10000.
TO HELP NEEDY AND ILL INDIVIDUALS	KEREN PIKCHACH NEFESH		NONE	56500.
TO HELP NEEDY AND ILL INDIVIDUALS	CHASDEI TZIPPORAH	17 GIBOREI YISRAEL ST, BNEI BRAK, ISRAEL	NONE	15500.
ASSIST ILL AND POOR	TASHBAR	37 CHAZON ISH STEET, BNEI BRAK, ISRAEL	NONE	3000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>628750.</u>

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	5
DESCRIPTION		AMOUNT	
PAYMENTS TO THE POOR AND NEEDY FOR MEDICAL AND SOCIAL NEEDS		<u>153644.</u>	
TOTAL TO FORM 990, PART II, LINE 23		<u>153644.</u>	

FORM 990

OTHER NOTES AND LOANS REPORTED SEPARATELY

STATEMENT 6

BORROWER'S NAME                      TERMS OF REPAYMENT

KEREN MYCB ELIAS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
05/07/98	/ /99	100000.	.00%	0.

SECURITY PROVIDED BY BORROWER      PURPOSE OF LOAN

NONE                                      LOAN TO CHARITY

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
NONE		0.	100000.

BORROWER'S NAME                      TERMS OF REPAYMENT

KAREN HACHESED

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
08/04/00		100000.	.00%	0.

SECURITY PROVIDED BY BORROWER      PURPOSE OF LOAN

NONE                                      LOAN TO CHARITY

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
NONE		0.	35000.





FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PUBLICLY TRADED SECURITIES	FMV	89170.			89170.
GLOBAL PHONETIC ENERGY	FMV	5000.			5000.
TO FORM 990, LINE 54, COL B		94170.			94170.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	3536.	3536.	0.
COMPUTERS	4400.	4400.	0.
OFFICE EQUIPMENT	900.	779.	121.
OFFICE EQUIPMENT	380.	329.	51.
OFFICE EQUIPMENT	265.	206.	59.
OFFICE EQUIPMENT	7100.	5873.	1227.
COMPUTER	1344.	1090.	254.
COPY MACHINE	500.	341.	159.
LAPTOP	1051.	825.	226.
CAMERA	480.	315.	165.
OFFICE EQUIPMENT	3766.	2469.	1297.
SCANNER	259.	170.	89.
COMPUTER	2000.	286.	1714.
TOTAL TO FORM 990, PART IV, LN 57	25981.	20619.	5362.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
DUE FROM BROKERAGE ACCOUNTS	2.
CASH VALUE OF LIFE INSURANCE	7833.
EXCHANGE	500.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	8335.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAME TERMS OF REPAYMENT

AHAVAS TZDOKAH V'CHESED 50000/MO

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
--------------	---------------	----------------------	---------------

07/01/03	05/01/04	500000.	.00%
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SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE ASSIST CHARITY

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	100000.

LENDER'S NAME TERMS OF REPAYMENT

FJC SILVERMAN 30000/QTR.

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
--------------	---------------	----------------------	---------------

06/01/01	12/31/03	300000.	6.00%
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SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE ASSIST CHARITY

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.



**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>EZER M'ZION INC</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>13-3660421</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See instructions for a higher limit for certain businesses	1	102000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property)** (See instructions.)

<b>Section A</b>		
17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	2119.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		2000.	7 YRS.	HY	200DB	286.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life						
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	2405.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year					
<b>43</b> Amortization of costs that began before your 2004 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>EZER M'ZION INC</b>	Employer identification number <b>13-3660421</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1281 49TH STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BROOKLYN, NY 11219</b>	

**Check type of return to be filed** (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **EZER M'ZION INC**  
Telephone No **718-853-8400** FAX No \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005.**
- 5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**INFORMATION NECESSARY TO COMPLETE THE RETURN WILL NOT BE AVAILABLE UNTIL AFTER AUGUST 15TH.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant - To Be Completed by the IRS**

- We **have** approved this application Please attach this form to the organization's return
- We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>WAGNER FRANCIS RICHMAN &amp; ACKERMAN, PLLC</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>66 SOUTH TYSON AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>FLORAL PARK, NY 11001</b>

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