

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning January 1, 2006, and ending December 31, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: EZER M'ZION INC, 1281 49TH STREET, BROOKLYN NY 11219

D Employer Identification Number: 13-3660421, E Telephone number: (718) 253-8855, F Accounting method: Accrual

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

- H (a) Is this a group return for affiliates? No, H (b) If 'Yes,' enter number of affiliates, H (c) Are all affiliates included? No, H (d) Is this a separate return filed by an organization covered by a group ruling? No

G Web site: N/A

J Organization type: 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

I Group Exemption Number, M Check if the organization is not required to attach Schedule B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,669,517.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, and expenses.

SCANNED OCT 30 2006

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**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

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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ <u>2,546,806.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>22a</b> 2,546,806.	2,546,806.		
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) <b>See I-25a Stmt</b>	<b>25a</b> 301,004.	192,142.	108,862.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b> 23,990.	9,545.	14,445.	0.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 9,285.	0.	9,285.	0.
<b>32</b> Legal fees	<b>32</b> 3,485.	0.	3,485.	0.
<b>33</b> Supplies	<b>33</b> 29,313.	7,328.	21,985.	0.
<b>34</b> Telephone	<b>34</b> 20,631.	7,221.	13,410.	0.
<b>35</b> Postage and shipping	<b>35</b> 15,501.	8,526.	6,975.	0.
<b>36</b> Occupancy	<b>36</b> 16,200.	4,050.	12,150.	0.
<b>37</b> Equipment rental and maintenance	<b>37</b> 0.	0.	0.	0.
<b>38</b> Printing and publications	<b>38</b> 36,350.	14,540.	21,810.	0.
<b>39</b> Travel	<b>39</b> 92,178.	68,666.	0.	23,512.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 12,812.	0.	12,812.	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 1,910.	0.	1,910.	0.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> <u>Promotion</u>	<b>43a</b> 22,150.	0.	0.	22,150.
<b>b</b> <u>Insurance</u>	<b>43b</b> 14,581.	5,832.	8,749.	0.
<b>c</b> <u>Consultants</u>	<b>43c</b> 32,706.	13,082.	19,624.	0.
<b>d</b> <u>Repair and Maintenance</u>	<b>43d</b> 1,684.	0.	1,684.	0.
<b>e</b> <u>Office</u>	<b>43e</b> 33,498.	1,312.	32,186.	0.
<b>f</b> <u>Miscellaneous</u>	<b>43f</b> 1,211.	0.	1,211.	0.
<b>g</b> <u>See Other Expenses Stmt</u>	<b>43g</b> 267,595.	89,337.	21,703.	156,555.
<b>44</b> Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 3,482,890.	2,968,387.	312,286.	202,217.

**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**

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.

What is the organization's primary exempt purpose? ▶ <u>Support for Ezer Mizion</u> 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) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a CONTRIBUTIONS TO EZER MIZION IN ISRAEL WHICH PROVIDES MEDICAL AND OTHER SOCIAL SERVICES TO THOUSANDS OF INDIVIDUALS.</b> ----- ----- (Grants and allocations \$ <u>2,523,648.</u> ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	----- ----- <b>2,523,648.</b>
<b>b DONATIONS TO ORGANIZATIONS WHICH USE FUNDS TO ASSIST NEEDY AND SICK INDIVIDUALS.</b> ----- ----- (Grants and allocations \$ <u>444,739.</u> ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	----- ----- <b>444,739.</b>
<b>c</b> ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	----- ----- -----
<b>d</b> ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	----- ----- -----
<b>e Other program services</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	----- ----- -----
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>2,968,387.</b>

BAA

**Part IV Balance Sheets** (See the instructions.)

**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>	<b>45</b> Cash — non-interest-bearing	161,856.	<b>45</b>	125,914.
	<b>46</b> Savings and temporary cash investments	38,512.	<b>46</b>	38,529.
	<b>47a</b> Accounts receivable			
	<b>b</b> Less allowance for doubtful accounts		<b>47c</b>	
	<b>48a</b> Pledges receivable	34,955.		
	<b>b</b> Less allowance for doubtful accounts		<b>48c</b>	34,955.
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54a</b> Investments — publicly-traded securities <b>L-54a Stmt</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV	94,170.	<b>54a</b>	94,170.
	<b>b</b> Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
	<b>55a</b> Investments — land, buildings, & equipment basis			
	<b>b</b> Less accumulated depreciation (attach schedule)		<b>55c</b>	
	<b>56</b> Investments — other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	28,730.		
<b>b</b> Less accumulated depreciation (attach schedule) <b>L-57 Stmt</b>	24,859.	5,050.	<b>57c</b> 3,871.	
<b>58</b> Other assets, including program-related investments (describe <b>Cash Value of Life Insurance</b> )	19,838.	<b>58</b>	21,651.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	351,421.	<b>59</b>	319,090.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	22,975.	<b>60</b>	7,639.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	285,000.	<b>64b</b>	
	<b>65</b> Other liabilities (describe <b>See Line 65 Stmt</b> )	1,800.	<b>65</b>	85,235.
<b>66 Total liabilities.</b> Add lines 60 through 65	309,775.	<b>66</b>	92,874.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	41,646.	<b>72</b>	226,216.
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	41,646.	<b>73</b>	226,216.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	351,421.	<b>74</b>	319,090.	

**Part IV-A: Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments	<b>b1</b>	
	2 Donated services and use of facilities	<b>b2</b>	
	3 Recoveries of prior year grants	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b>	Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>

**Part IV-B: Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>
<b>e</b>	Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>

**Part V-A: Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
YEHOSHUA FELDSTEIN 9 PARDO STREET BNEI-BRAK, ISRAEL	PRESIDENT & DIRECTOR 2	0.	0.	0.
DAVID BREYER 22 HERSHEL TERRACE MONSEY, NY 10952	DIRECTOR 2	0.	0.	0.
SARAH L MUELLER 305 BURNT MILLS AVE SILVER SPRINGS, MD	TREASURER AND DIRECTOR 2	0.	0.	0.
VICTOR QUINN 25 YIRMIYAHU JERUSALEM, ISRAEL	VICE PRESIDENT AND DIREC 40	64,505.	0.	0.
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Part VI Other Information (continued)

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 Yes No X
82 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) 82b
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
83 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
84 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
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? 85h N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88 a 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI 88b X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0. 89a
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 0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed NEW YORK
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b 16
91 a The books are in care of EZER MIZION Telephone number (718) 853-8400
Located at 1281 49TH STREET, BROOKLYN, NY ZIP + 4 11219
b 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)? 91b X
If 'Yes,' enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

N/A	
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

N/A	
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

N/A	
Yes	No

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

**Please Sign Here**

Signature of officer: *Victor J Quinn* Date: 9/23/07

Type or print name and title: Victor J Quinn, V.P.

**Paid Preparer's Use Only**

Preparer's signature: JULIUS S KLEIN Date: 09/23/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MARSH and KLEIN, CPA'S  
152 NINTH AVENUE  
NEW YORK NY 10011

Preparer's SSN or PTIN (See General Instruction W): 13-3819851  
EIN: 13-3819851 Phone no: (212) 675-5280

**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 4947(a)(1) Nonexempt Charitable Trust

**2006**

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

**EZER M'ZION INC**

Employer identification number

**13-3660421**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
<b>IRV HACKEL</b> 237 BEACH 1141 ST., BELLE HARBOR, NY	<b>ADMINISTRATOR</b> 40	<b>77,849.</b>	<b>77,849.</b>	<b>77,849.</b>
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	<b>None</b>			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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>None</b>		
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-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	<b>None</b>	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>none</b>	

**Part III** Statements About Activities (See 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)

**1** **X**

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

**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?

**2a** **X**

**b** Lending of money or other extension of credit?

**2b** **X**

**c** Furnishing of goods, services, or facilities?

**2c** **X**

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d** **X**

**e** Transfer of any part of its income or assets?

**2e** **X**

**3a** Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)

**3a** **X**

**b** Did the organization have a section 403(b) annuity plan for its employees?

**3b** **X**

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

**3c** **X**

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

**3d** **X**

**4a** Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

**4a** **X**

**b** Did the organization make any taxable distributions under section 4966?

**4b**

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

**4c**

**d** Enter the total number of donor advised funds owned at the end of the tax year **▶** \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **▶** \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts **▶** \_\_\_\_\_ **0**

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year **▶** \_\_\_\_\_ **0.**

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that 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 )
- 11 a  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 )
- 11 b  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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,614,806.	2,456,284.	3,527,061.	1,324,133.	10,922,284.
<b>16</b> Membership fees received					
<b>17</b> 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	25.	353.	95.	3,564.	4,037.
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	3,614,831.	2,456,637.	3,527,156.	1,327,697.	10,926,321.
<b>24</b> Line 23 minus line 17	3,614,806.	2,456,284.	3,527,061.	1,324,133.	10,922,284.
<b>25</b> Enter 1% of line 23	36,148.	24,566.	35,272.	13,277.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	218,446.
<b>b</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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	10,922,284.
<b>d</b> Add: Amounts from column (e) for lines <b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____		<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	10,922,284.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	100.00 %

<b>27 Organizations described on line 12:</b>	<b>a</b> 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. (2005) _____ (2004) _____ (2003) _____ (2002) _____	
<b>b</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 11b, 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. (2005) _____ (2004) _____ (2003) _____ (2002) _____		
<b>c</b> Add: Amounts from column (e) for lines <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____		<b>27c</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____		<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	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?		
30	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?		
31	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 ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	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 ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
35	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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (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>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 –	<b>41</b>													
<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>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>													
<b>Caution:</b> 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 )

	<b>Lobbying Expenditures During 4 -Year Averaging Period</b>				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions )

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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



Name as Shown on Return  
**EZER M'ZION INC**

Employer Identification No  
**13-3660421**

**Compensation**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>PAYROLL - OFFICE</b>	<b>108,217.</b>	<b>37,876.</b>	<b>70,341.</b>	
<b>PAYROLL - RABBI</b>	<b>64,506.</b>	<b>58,055.</b>	<b>6,451.</b>	
<b>PAYROLL - ADMINISTRATORS</b>	<b>128,281.</b>	<b>96,211.</b>	<b>32,070.</b>	
Total Compensation Received	<b>301,004.</b>	<b>192,142.</b>	<b>108,862.</b>	

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				

**Expense Account and Other Allowances**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ▶	<b>301,004.</b>	<b>192,142.</b>	<b>108,862.</b>	

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize).				
<b>Credit Card Fees</b>	779.	0.	779.	0.
<b>Automobile expense</b>	11,943.	0.	11,943.	0.
<b>Events</b>	209,791.	77,423.	0.	132,368.
<b>Advertising</b>	36,101.	11,914.	0.	24,187.
<b>Dues and subscriptions</b>	86.	0.	86.	0.
<b>Bank Service Charges</b>	3,992.	0.	3,992.	0.
<b>Fees</b>	4,903.	0.	4,903.	0.
<b>Total</b>	<b>267,595.</b>	<b>89,337.</b>	<b>21,703.</b>	<b>156,555.</b>

Form 990, Page 4, Part IV, Line 54a

**Investments - Publicly-Traded Securities Statement**

<b>Line 54a – Investments - Publicly-Traded Securities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<b>Publicly Traded Securities</b>	89,170.	
<b>Global Phonetic Energy</b>	5,000.	
<b>Total</b>	<b>94,170.</b>	

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
OFFICE EQUIPMENT	900.		900.
OFFICE EQUIPMENT	380.		380.
OFFICE EQUIPMENT	265.		265.
OFFICE EQUIPMENT	7,100.		7,100.
COMPUTER	1,344.		1,344.
COPY MACHINE	500.		500.
LAPTOP	1,051.		1,051.
CAMERA	480.		480.
OFFICE EQUIPMENT	3,766.		3,766.
SCANNER	259.		259.
COMPUTER	2,000.		2,000.
OFFICE EQUIPMENT	3,536.		3,536.
COMPUTERS	4,400.		4,400.
COMPUTER	2,019.		2,019.
OFFICE EQUIPMENT	730.		730.
<b>Total</b>	<b>28,730.</b>		<b>28,730.</b>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Federal Tax Withheld		53,802.
Social Security Withheld		71,233.
Medicare Withheld		16,660.
State Withheld		-6,914.
City Withheld		8,100.
Disability		398.
Unemployment Payable		4,324.
Payroll Liabilities - Other		-143,203.
NYS W/H Tax		835.
Loan - Rechdeiner		40,000.
Loan - Silverman		40,000.
Total		<u>85,235.</u>

**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
PENALTY	-2,057.
Total	<u>-2,057.</u>

**Supporting Statement of:**

Form 990 p 2/Line 22a cash

Description	Amount
Program Expense - Other	3,158.
Consultants - Israel	25,000.
Medical Grants - Israel	2,443,383.
Employees - Israel	54,752.
Israel - Other	513.
Contributions - General	20,000.
Total	<u>2,546,806.</u>

**Supporting Statement of:**

Form 990 p 2/Line 22a column (B)

Description	Amount
Program Expense - Other	3,158.
Consultants - Israel	25,000.
Medical Grants - Israel	2,443,383.
Employees - Israel	54,752.
Israel - Other	513.
Contributions - General	20,000.
Total	<u>2,546,806.</u>

**Supporting Statement of:**

Form 990 p 2/Line 29 column (C)

Description	Amount
Payroll Tax Expense	14,317.
Unemployment Tax	128.
Total	<u>14,445.</u>

**Supporting Statement of:**

Form 990 p 2/Line 32 column (C)

Description	Amount
Legal Fees	2,445.
Professional Fees - Other	1,040.
Total	<u>3,485.</u>

**Supporting Statement of:**

Form 990 p 2/Line 35 column (B)

Description	Amount
Shipping and Handling	4,962.
Postage and Delivery - Other	3,564.
Total	<u>8,526.</u>

**Supporting Statement of:**

Form 990 p 2/Line 35 column (C)

Description	Amount
Shipping and Handling	4,059.
Postage and Handling - Other	2,916.
Total	<u>6,975.</u>

**Supporting Statement of:**

Form 990 p 2/Line 39 column (B)

Description	Amount
Meals	4,257.
Hotel	18,071.
Travel	42,059.
Airfare	1,910.
Travel and Entertainment	571.
Local Travel	1,798.
Total	<u>68,666.</u>

**Supporting Statement of:**

Form 990 p 2/Line 39 column (D)

Description	Amount
Airfare	1,563.
Hotel	1,676.
Meals	972.
Travel	15,494.
Travel and Entertainment	467.
Local Travel	3,340.
Total	<u>23,512.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (B)-2

Description	Amount
Employee Health Insurance	5,850.
Liability Insurance	127.
Disability/WC Insurance	-320.
Insurance-Other	175.
Total	<u>5,832.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (C)-2

Description	Amount
Employee Health Insurance	8,775.
Liability Insurance	191.
Disability/WC Insurance	-480.
Insurance-Other	263.
Total	<u>8,749.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (B)-3

Description	Amount
Consulting Fees	13,082.
Total	<u>13,082.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (C)-3

Description	Amount
Consulting Fees	19,624.
Total	<u>19,624.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (C)-4

Description	Amount
Building Repairs	1,019.
Repairs - Other	665.
Total	<u>1,684.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (B)-5

Description	Amount
Gas and Electric	1,312.
Total	<u>1,312.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (C)-5

Description	Amount
Office Expense-Misc.	2,360.
Petty Cash	3,020.
Computer Expenses	5,145.
Gas and Electric	3,935.
Temporary Help	4,786.
Reimbursable Expenses	6,686.
Other Expenses	6,254.
Total	<u>32,186.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (D)-9

Description	Amount
Event Expense	11,864.
Golf Event Expense	8,593.
Lotties Kitchen Expense 2006	24,545.
Brazil Expense	55,200.
Lotties Kitchen Expense 2005	800.
Golf Expense	16,392.
Concert Expense	1,749.
Mexico-Expenses	1,300.
Mexico-Consultant	1,438.
Mexico-Other	6,000.
Contract Event Labor	4,487.
Total	<u>132,368.</u>

**Supporting Statement of:**

Form 990 p 2/Line 43 Column (C)-13

Description	Amount
Fees	4,903.
Total	<u>4,903.</u>

**Supporting Statement of:**

Form 990 p 4/Line 45, column (B)

Description	Amount
Chase Checking	121,963.
CitiBank Checking	1,041.
HSBC	2,910.
Total	<u>125,914.</u>

**Supporting Statement of:**

Form 990 p 4/Line 46, column (B)

Description	Amount
Chase MM	620.
HSBC MM	37,865.
Montauk Securities	42.
Pond Equities	2.

Continued

**Supporting Statement of:**

Form 990 p 4/Line 46, column (B)

Description	Amount
Total	<u>38,529.</u>

**Supporting Statement of:**

Sch. A, 990 p 1/Part I, Compensation-1

Description	Amount
	77,849.
Total	<u>77,849.</u>