990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

ьо	r cale	endar	year 2005, or t	ax year begi	nning	7/18/2005		, and ending	g	12/31/2005		
G	Che	ck all tl	nat apply:	X Initial	return	inal return	Am	nended return		Address change	Name change	
U		e IRS	Name of organizat	tion					A E	mployer identification nu	mber	
	lab		Hakirah, Inc.						20-3	178577		
(other) prir	,	Number and stree	t (or P.O. box nu	mber if mail is not de	elivered to street a	iddress)	Room/suite	ВТ	elephone number (see pag	e 10 of the instructions)	
	or ty		2610 Nostrand	l Avenue					718	338-2400		
s	See Specific City or town, state, and ZIP code								C If	exemption application is pe	nding, check here	
In	struc	tions.	Brooklyn			NY		11210	D 1.	Foreign organizations, che	ck here	
Н	Che	ck type	of organization	n: X Section	on 501(c)(3) exe	exempt private foundation				2. Foreign organizations meeting the 85% test,		
	Sec	tion 49	47(a)(1) nonex	empt charital	ble trust 🔲 (Other taxable	private f	foundation	check here and attach computation			
	Fair	marke	t value of all as	sets at end	J Accounting	g method: X Cash Accrual u				private foundation status wander section 507(b)(1)(A), c		
•			m Part II, col. (Other (sp					the foundation is in a 60-mo	<u></u>	
		<i>16)</i> ►			(Part I, column (d		ash basis	s.)		nder section 507(b)(1)(B), c		
Pa	rt I	Anal	ysis of Revenu	ie and Expe	nses (The total of	(a) Revenue	and				(d) Disbursements	
				·=	ot necessarily equal	expenses		(b) Net investm	nent	(c) Adjusted net	for charitable	
		the am	ounts in column (a)	(see page 11 of	the instructions).)	books		income		income	purposes (cash basis only)	
	1	Contrib	utions, gifts, grants,	etc received (atta	ach schedule)		40,000				(00011 00010 0111)	
	2		if the foundat	•	,		,					
	3		st on savings and				0					
	4		ends and interest				0					
	5 a		rents									
	ŀ	Net re	ental income or (lo	oss)	0							
ne	6 a	Net ga	ain or (loss) from	sale of assets	not on line 10		0					
Revenue		_	sales price for all ass		0							
ě	7		al gain net income		, line 2)				0			
œ	8	Net sh	nort-term capital o	gain						0		
	9	Incom	e modifications									
	10 a	Gross s	sales less returns and	d allowances	0							
	ŀ) Less:	Cost of goods so	old	0							
	(profit or (loss) (a				0					
	11		income (attach s				1,202		0	0		
_	12		Add lines 1 thro				41,202		0	0		
Expenses	13		ensation of office				0					
Š	14		employee salarie	•								
ĝ	15		on plans, employ				0					
		-	fees (attach sche				0					
<u>×</u>			inting fees (attacl professional fees				0					
at	17		st									
<u>s</u> t	18		(attach schedule)				0					
<u>=</u>	19		ciation (attach so				0		0	0		
₽	20		pancy				-					
⋖	21		l, conferences, a									
Ę	22		ng and publication				8,022				8,022	
a a	23		expenses (attach				0		0	0	0	
Operating and Administrativ	24	Total	operating and a	dministrative	expenses.							
ğ		Add li	nes 13 through 2	3			8,022		0	0	8,022	
ğ	25		butions, gifts, gra				8,150				8,150	
0	20				dd lines 24 and 25		16,172		0	0	16,172	
	27		act line 26 from li									
			s of revenue over	-			25,030					
			vestment incom						0			
		C Adjus	ted net income	(if negative, er	nter -0-)					0		

Dα	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
Га	ιш	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	25,030	25,030
	2	Savings and temporary cash investments			
	3	Accounts receivable 0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	4	Pledges receivable ▶ 0			
		Less: allowance for doubtful accounts 0	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and			
		other disqualified persons (attach schedule) (see page			
		15 of the instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶0			
w		Less: allowance for doubtful accounts ▶ 0	0	0	0
Assets	8	Inventories for sale or use			
S S	9	Prepaid expenses and deferred charges			
4	10 a	Investments—U.S. and state government obligations (attach schedule) .	0	0	0
		Investments—corporate stock (attach schedule)	0	0	0
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment: basis ▶ 0			
		Less: accumulated depreciation (attach schedule) ▶0	0	0	0
	12	Investments—mortgage loans	,		<u> </u>
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis ▶0	-		
		Less: accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe	0	0	0
	16	Total assets (to be completed by all filers—see page 16 of	0	0	
		the instructions. Also, see page 1, item I)	0	25,030	25,030
	17	Accounts payable and accrued expenses	U	23,030	25,030
	18	Grants payable			
S	19	Deferred revenue			
Liabi lities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
등	21	Mortgages and other notes payable (attach schedule)	0	0	
<u> </u>	22	Other liabilities (describe)	0	0	
_	22	Other liabilities (describe	U	U	
	23	Total liabilities (add lines 17 through 22)	0	0	
	23		U	U	
		Organizations that follow SFAS 117, check here			
SS		and complete lines 24 through 26 and lines 30 and 31.		0.5.000	
Net Assets or Fund Balances	24	Unrestricted	0	25,030	
<u>a</u>	25	Temporarily restricted			
<u>B</u>	26	Permanently restricted			
Ĭ		Organizations that do not follow SFAS 117, check here			
ヹ	~ =	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ıţs	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
gg	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see page 17 of the			
Ę	0.4	instructions)	0	25,030	
	31	Total liabilities and net assets/fund balances (see page		05.000	
		17 of the instructions)	0	25,030	
Paı	t III	Analysis of Changes in Net Assets or Fund Balances			
		<u> </u>	(a) line 20 (must see	oo with	
1		net assets or fund balances at beginning of year—Part II, column			0
2		of-year figure reported on prior year's return)			25,030
		amount from Part I, line 27a			25,030
					25,030
		ines 1, 2, and 3		_	20,000
6	Total	pases not included in line 2 (itemize)	Part II. column (h) lin	20 6	25 020

Form 990-PF (2005) Page 3 Hakirah, Inc. 20-3178577 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, P—Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D—Donation 1a b d е (f) Depreciation allowed (h) Gain or (loss) (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 0 0 0 0 0 0 0 0 0 0 0 C 0 0 0 d 0 0 0 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any Losses (from col.(h)) 0 0 0 0 0 0 0 b 0 0 0 0 С 0 0 0 0 d 0 0 е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 0 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. X No Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the organization does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries. (b) (c) Base period years Distribution ratio Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) Calendar year (or tax year beginning in) 2004 0.000000 2003 0.000000 2002 0.000000 2001 0.000000 2000 0.000000 **2 Total** of line 1, column (d) 2 0.000000 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by 0.000000 the number of years the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2005 from Part X, line 5 . 4 0 5 **5** Multiply line 4 by line 3 . . 0 6 Enter 1% of net investment income (1% of Part I, line 27b) . . 6 0 **7** Add lines 5 and 6 . . . 7 0

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

8 Enter qualifying distributions from Part XII, line 4

the Part VI instructions on page 18.

0

Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 1	8 of t	he instr	uctio	ns)		
1 8	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)						
	Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)						
ı	b Domestic organizations that meet the section 4940(e) requirements in Part V, check	1			0		
	here $\blacktriangleright X$ and enter 1% of Part I, line 27b						
2	c All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0		
3	Add lines 1 and 2	3			0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			Ŭ		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			0		
6	Credits/Payments:						
	a 2005 estimated tax payments and 2004 overpayment credited to 2005 6a 6a						
	b Exempt foreign organizations—tax withheld at source 6b						
	c Tax paid with application for extension of time to file (Form 8868) 6c 0						
_	d Backup withholding erroneously withheld	_					
7	Total credits and payments. Add lines 6a through 6d	7			0		
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	8 9			0		
10		_			0		
11	· · · · · · · · · · · · · · · · · · ·						
	irt VII-A Statements Regarding Activities	•••			0		
	a During the tax year, did the organization attempt to influence any national, state, or local legislation or d	id			Yes	No	
•	it participate or intervene in any political campaign?		Г	1a		Х	
ı	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page						
	19 of the instructions for definition)?			1b		Χ	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma	terial	s				
	published or distributed by the organization in connection with the activities.						
	c Did the organization file Form 1120-POL for this year?			1c		Χ	
•	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the organization. ► \$ (2) On organization managers. ► \$.				
(e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax im	pose	a				
2	on organization managers. ► \$ Has the organization engaged in any activities that have not previously been reported to the IRS?			2		Χ	
2	If "Yes," attach a detailed description of the activities.		· ·	_		_	
3	Has the organization made any changes, not previously reported to the IRS, in its governing instrument	artio	cles				
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3		Χ	
4 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		_	4a		Χ	
ı	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Χ	
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or By language in the governing instrument, or						
	•By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			6	Х		
7	Did the organization have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X		
	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the				^		
	instructions) NV						
ı	b If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney						
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b			
9	Is the organization claiming status as a private operating foundation within the meaning of section 4942	(j)(3)					
	or 4942(j)(5) for calendar year 2005 or the taxable year beginning in 2005 (see instructions for Part XIV	on					
	page 26)? If "Yes," complete Part XIV			9		Χ	
10	, , , , , , , , , , , , , , , , , , ,			10	X		
11		on?		11	Χ		
12	Web site address ▶ www.Hakirah.org The books are in care of ▶ Telephone no. ▶						
12							
13							
13		13				Ш	

Ра	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the organization (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(4) Pay compensation to, or pay of reimbonse the expenses of, a disqualified person?			
	for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the organization agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.) Yes X No			
h	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
D	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/A	
		ID	IN/A	
•	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts,	10		V
2	that were not corrected before the first day of the tax year beginning in 2005?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
•	At the end of tax year 2005, did the organization have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2005?			
	If "Yes," list the years 20 , 20 , 20 , 20			
h	Are there any years listed in 2a for which the organization is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		14// \	
·	► 20 , 20 , 20 , 20			
3a	Did the organization hold more than a 2% direct or indirect interest in any business			
Ju	enterprise at any time during the year?			
h	If "Yes," did it have excess business holdings in 2005 as a result of (1) any purchase by the organization			
-	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the organization had excess business holdings in 2005.)	3b	N/A	
4a	Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Χ
	Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2005?	4b		Χ
5a	During the year did the organization pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry			
	on, directly or indirectly, any voter registration drive? Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described			
	in section 509(a)(1), (2), or (3), or section 4940(d)(2)?			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or			
	educational purposes, or for the prevention of cruelty to children or animals? Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in			
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	If the answer is "Yes" to question 5a(4), does the organization claim exemption from the			
	tax because it maintained expenditure responsibility for the grant? Yes No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the organization, during the year, receive any funds, directly or indirectly, to pay			
	premiums on a personal benefit contract?			
b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		Χ
	If you answered "Yes" to 6b, also file Form 8870.			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, found	datio	n managers an	d th	neir compensa	tion	(see page 21 of the	instructio	ns).
(a) Name and address	` '	Title, and average hours per week evoted to position		c) Compensation not paid, enter -0-)		(d) Contributions to employee benefit plans deferred compensation	(e) Expense other allo	
Heshy Zelcer 1565 E. 28th Street Brooklyn NY 11229 USA	Pre: 0	sident		0		0		0
David Guttmann 1628 E. 29th Street Brooklyn NY 11229 USA	Dire 0	ector		0		0	<u> </u>	0
Sheldon Epstein 2802 Quentin Road Brooklyn NY 11229 USA	Dire 0	ector		0		0	i .	0
Tamy Zelcer 1565 E. 28th Street Brooklyn NY 11229 USA	0	ty/Treas		0		0		0
2 Compensation of five highest-paid emploif none, enter "NONE."	yee	s (other than th	ose	included on li	ne '	1—see page 21 of the	ne instruct	ions).
(a) Name and address of each employee paid more than \$50),000	(b) Title and avera hours per week devoted to position		(c) Compensatio	n	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
None					0	0	İ	0
							i .	
Total number of other employees paid over \$50,							▶	1
3 Five highest-paid independent contractor "NONE."	rs fo	r professional	ser	/ices—(see pa	ge 2	21 of the instruction	s). If none,	, enter
(a) Name and address of each person paid more	than \$	\$50,000	ĺ	(b)	Туре	of service	(c) Compe	ensation
None							ı	
								0
			• • •					0
							<u> </u>	0
								0
								0
Total number of others receiving over \$50,000 for	or pr	ofessional servi	ces					1
Part IX-A Summary of Direct Charital	ole A	Activities						
List the foundation's four largest direct charitable activities du the number of organizations and other beneficiaries served,	_	-				such as	Exper	nses
1 Contributions to Jewish religious and educat	tiona	l institutions						
								8,150
2 Printing of tthe Hakirah research jornal								0,.00
								6,272
3								
4								

Form 990-PF (2005) 20-3178577 Page 7 Hakirah, Inc. Part IX-B Summary of Program-Related Investments (see page 22 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See page 22 of the instructions. Total. Add lines 1 through 3 0 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 22 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 1a 0 1b 9.816 Fair market value of all other assets (see page 23 of the instructions) 1c 1d 9,816 Reduction claimed for blockage or other factors reported on lines 1a and 2 2 9,816 3 3 Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see page 23 147 5 5 9,669 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 221 **Distributable Amount** (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here | under and do not complete this part.) 221 1 1 2a Tax on investment income for 2005 from Part VI, line 5 Income tax for 2005. (This does not include the tax from Part VI.) . . . С 2c 0 221 3 3 4 4 221 5 Deduction from distributable amount (see page 24 of the instructions) 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 221 Part XII Qualifying Distributions (see page 24 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 1a 16,172 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 3 Amounts set aside for specific charitable projects that satisfy the: 3a 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4... 4 16,172 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment

qualifies for the section 4940(e) reduction of tax in those years.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

6

Part XIII Undistributed Income (see page 24 of the instructions)

		(a)	(b)	(c)	(d)
1	Distributable amount for 2005 from Part XI,	Corpus	Years prior to 2004	2004	2005
2	Undistributed income, if any, as of the end of 2004:				221
a	Enter amount for 2004 only			0	
b	Total for prior years: 20 <u>01</u> ,20 <u>02</u> ,20 <u>03</u>		0	J	
3	Excess distributions carryover, if any, to 2005:		Ü		
а	From 2000				
b	From 2001				
С	From 2002				
d	From 2003				
е	From 2004				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2005 from Part				
	XII, line 4: ►\$16,172				
	Applied to 2004, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
_	(Election required—see page 25 of the instructions)				
С	Treated as distributions out of corpus (Election				
ч	required—see page 25 of the instructions) Applied to 2005 distributable amount				221
	Remaining amount distributed out of corpus .	15,951			
5	Excess distributions carryover applied to 2005	15,951			0
-	(If an amount appears in column (d), the	J			
	same amount must be shown in column (a).				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	15,951			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
d	tax has been previously assessed Subtract line 6c from line 6b. Taxable				
u	amount—see page 25 of the instructions		0		
е	Undistributed income for 2004. Subtract line		U		
·	4a from line 2a. Taxable amount—see page				
	25 of the instructions			0	
f	Undistributed income for 2005. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2006				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(E) or 4942(g)(3) (see page				
	25 of the instructions)				
8	Excess distributions carryover from 2000				
	not applied on line 5 or line 7 (see page 25				
^	of the instructions)	0			
9	Excess distributions carryover to 2006.	45.054			
10	Subtract lines 7 and 8 from line 6a	15,951			
10 a	Analysis of line 9: Excess from 2001 0				
a b	Excess from 2002 0				
C	Excess from 2003 0				
d	Excess from 2004 0				
	Excess from 2005				
	2.0000 10.11 2000 1 1 1 1 10,001				5 000 DE (2005)

Form 990-PF (2005) 20-3178577 Page 9 Hakirah, Inc. N/A Part XIV Private Operating Foundations (see page 26 of the instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2005, enter the date of the ruling **b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax Year Prior 3 years income from Part I or the minimum (e) Total (c) 2003 (d) 2002 (a) 2005 **(b)** 2004 investment return from Part X for each vear listed 0 0 0 0 **b** 85% of line 2a 0 0 Qualifying distributions from Part XII, line 4 for each year listed 0 0 d Amounts included in line 2c not used directly for active conduct of exempt activities 0 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . 0 n Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test-enter: (1) Value of all assets . . (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . c "Support" alternative test-enter: Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 0 (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . 0 (3) Largest amount of support from an exempt organization 0 (4) Gross investment income Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 26 of the instructions.) **Information Regarding Foundation Managers:** a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) Heshy Zelcer b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► X if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: **b** The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	 any foundation manager or substantial contributor 	recipient	contribution	Amount
a Paid during the year				
Cong. Nachlas Dovid 1589 E. 28th Street Brooklyn NY USA American Friends of Jerusalem Institute of Talmudic	None		Support houses of worshi	1,000
1440 54th Street Brooklyn NY USA 11219 Project Chazon	None		To support research and	1,000
731 Montauk Ct. Brooklyn NY USA 11235 Tomer Devorah School for Girls	None		Education and outreach t	6,000
4500 9th Avenue Brooklyn NY USA 11219	None		Support for Jewish educa	150
				C
				C
				C
				C
				C
				(
				(
				C
				(
				(
				(
				(
Total			▶ 3a	8,150
b Approved for future payment				
				C
				C
				(
				(
				(
				(
				(
				(
				C
Total			▶ 3b	000 PE (222

	XVI-A Analysis of Income-Producing Act		siness income	Excluded by section	on 512, 513, or 514	(e)
IIILEI	gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Pr	ogram service revenue:	Basiliess soae	Airioditi	Exolusion code	Amount	(See page 26 of the instructions.)
а						
b						
С						
d						
е						
f						
g	Fees and contracts from government agencies					
	embership dues and assessments					
	terest on savings and temporary cash investments .					
4 Di	vidends and interest from securities					
	et rental income or (loss) from real estate:					
	Debt-financed property					
	Not debt-financed property					
	et rental income or (loss) from personal property					
	ther investment income					
8 G	ain or (loss) from sales of assets other than inventory					
9 N	et income or (loss) from special events					
10 G	ross profit or (loss) from sales of inventory					
11 O	ther revenue: a					
b						
С						
d						
е						
12 Si	ubtotal. Add columns (b), (d), and (e)				0	_
0						
13 To	otal. Add line 12, columns (b), (d), and (e)				. 13	0
13 To (See)	otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 to ver	ify calculations.)		. 13	(
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1 01111 330-1 1	(2000) Hakilai	i, inc.	20-3176577	raye
Part XVII	Information Regarding	Transfers To and Ti	ransactions and Relationships With Noncharitable	
	Exempt Organizations			

(2) Other assets (3) Other transactions: (1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the faviorable of the goods, other assets, or services given by the reporting organization. If the organization received lesses, or received less, or received lesses, or services given by the reporting organization. If the organization of other assets, or received lesses, or received lesses, or services given by the reporting organization. If the organization received lesses, or received le	_	D:d the	arraniation disastivari		un in any aftha falla.	ملام يرمرم والاثرير مرماني			:	4:		V	NI
a Transfers from the reporting organization to a noncharitable exempt organization of: (1) Cales A. (2) Other ransactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the favalue of the goods, other assets, or services given by the reporting organization. If the organization received less the market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or exceived. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization. If the organization received less the market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets. Or exceived. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and should be completed to a section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	1									lion		Yes	No
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c Sharing of facilities, equipment, mailing lists, other assets, or paid employees			_								1b(6)		X
If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the far value of the goods, other assets, or services given by the reporting organization. If the organization received less the market value in any transaction or sharing arrangement, show in column (d) the value of the gods, other assets, or ecceived. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and ship or transfers, transactions, and ship organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	c										1c		X
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2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (little than section 501(c)(3)) or in section 527?	(a) l	l ine no	(h) Amount involved	(c) Name (of noncharitable exemp	t organization	(d) Dec	scription of transfers t	transac	tions and sh	naring arr	angem	ents
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	2-	ا ماله ما			الملامع المانين				-4:				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has Date Preparer's (See Signature Signature Signa	Za										res X	No	
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Signature of officer or trustee Date Date Check if See Signature signature Preparer's Signature Preparer's Signature Firm's name (or yours if Self-employed), address, self-employed, address, self-employed), address, self-employed, self-employed, address, self-employed, address, self-employed, self-employed, self-employed, address, self-employed,										•			Э.
Signature of officer or trustee Date Date Check if See Signature signature Preparer's Signature Preparer's Signature Firm's name (or yours if Self-employed), address, self-employed, address, self-employed), address, self-employed, self-employed, address, self-employed, address, self-employed, self-employed, self-employed, address, self-employed,													
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and ZIP code		_ E ⊃	` *										
			and ZIP code	7 1203 59th	Street, Brooklyn,	NY 11219			Phor	ne no.			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Hakirah, Inc.		20-3178577
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	ivate foundation
	501(c)(3) taxable private foundation	
organization can check bo		
General Rule— X For organizations of property) from any Special Rules— For a section 501(sections 1.509(a)-3	iling Form 990, 990-EZ, or 990-PF that received, during the ye one contributor. (Complete Parts I and II.) c)(3) organization filing Form 990, or Form 990-EZ, that met the 3/1.170A-9(e) and received from any one contributor, during the amount on line 1 of these forms. (Complete Parts I and II.)	ne 331?3 % support test under Regulations
General Rule— X For organizations of property) from any Special Rules— For a section 501(sections 1.509(a)-3 \$5,000 or 2% of the For a section 501(during the year, ag	one contributor. (Complete Parts I and II.) c)(3) organization filing Form 990, or Form 990-EZ, that met the	ne 331?3 % support test under Regulations ne year, a contribution of the greater of Z, that received from any one contributor, e exclusively for religious, charitable,

Foreign Country:

ge	2	of	2	of Part
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Name of organization **Employer identification number** Hakirah, Inc. 20-3178577 Part I **Contributors** (See Specific Instructions.) (a) (b) (c) (d) No. **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 Heshy Zelcer Person Χ 1 **Payroll** 1565 E. 28th Street 40,000 Noncash Brooklyn NY 11229 (Complete Part II if there is a noncash contribution.) Foreign State or Province: Foreign Country: (b) (c) (d) (a) Type of contribution **Aggregate contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: _ Foreign Country: (a) (b) (c) (d) **Aggregate contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: Foreign Country: (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: _ Foreign Country: (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: Foreign Country: (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II if there is Foreign State or Province: a noncash contribution.)

Name of organization

Employer identification number

Hakirah, Inc. 20-3178577 Part II Noncash Property (See Specific Instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Name of organization

ge	of	of Part III

Employer identification number

	aggregating more than \$1,000 for the year	ndividual contributions to section 5	
	For organizations completing Part III, ente contributions of \$1,000 or less for the year	r the total of exclusively religious, cha	aritable, etc.,
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1			
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4 Relation	nship of transferor to transferee
	For. Prov. Country		
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
) No.	Transferee's name, address, and For. Prov. Country (b)	(e) Transfer of gift ZIP + 4 Relation (c) Use of gift	nship of transferor to transferee (d)
	Purpose of gift		Description of how gift is held
	Purpose of gift Transferee's name, address, and	(e) Transfer of gift	Description of now gift is held
art I	Transferee's name, address, and For. Prov. Country	(e) Transfer of gift ZIP + 4 Relation	nship of transferor to transferee
	Transferee's name, address, and	(e) Transfer of gift	
) No.	Transferee's name, address, and For. Prov. Country (b)	(e) Transfer of gift ZIP + 4 Relation (c) Use of gift (e) Transfer of gift	nship of transferor to transferee (d)

Line 11 (990-PF) - Other Income

1 Journal subscriptions	1	Revenue and expenses per books 1,202	Net Investment Income 0	Adjusted Net Income
2	2			
4	. 3 4			
5	5			
7	7			
8	8			
10 Total other revenue	10	1,202	0	0

Form CHAR500

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)

2005

			au - Registration Section			
This form used for	120 Broadway			Open to Public		
Article 7-A, EPTL and dual filers (replaces forms CHAR 497,	New York, NY 10271			Open to Public		
CHAR 010 and CHAR 006)		www.oag.state.ny	y.us/charities/charities.html			Inspection
1. General Information						
a. For the fiscal year beginn	ing (mm/dd/yyyy)07/	18 / 200	and ending (mm/dd/yyyy) _	12/31/2	2005	
b. Check if applicable for NYS:	c. Name of organization				d. Fed. employe	r ID no. (EIN) (##-######)
Address change					20-31785	77
Name change						stration no. (##-##-##)
X Initial filing	Hakirah, Inc.				o o	,
Final filing		O how if mail is not	delivered to street address)	Room/suite	f. Telephone nu	ımher
I == -	2610 Nostrand		delivered to street address)	NOOH/Suite	718 338-	
Amended filing						2400
NY registration pending	Gity or town, state or cou Brooklyn, NY 1				g. Email	
	BIOOKIYII, NI I	1210				
0.0 ((1.1. 7.0)						
2. Certification - Two Signa	-					
We certify under penalties fo			=		f our knowledge	and belief, they are
true, correct and complete in	accordance with the laws	of the State of N	ew York applicable to this I	report.		
			Heshy Zelcer	p	resident	
a. President or Authorized	Officer/Trustee Signatu	re	Printed Name		itle	Date
	==		Manus 721 222	_	/	
b. Chief Financial Officer of	or Treasurer \sum Signatu	iro.	Temy Zelcer Printed Name		secty/treas itle	Date
 	Signatu	ile	Fililled Name	11	iue	Date
3. Annual Report Exemption	on Information					
		adatronto and du	al ragistranta)			
a. Article 7-A annual repor Check ☐ if total o			ents, foundations, corporat	iono gover	nmont aganaiga	ata) did not avacad
· —				-	-	-
·	o <u>and</u> the organization did contributions during this fis		ices of a professional fund	raiser (PFR) or tund raising	counsel (FRC) to
Solicit	John Dunons during this his	icai year.				
			claim this exemption if no			
organization received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from all other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from a single government						
						single government
agency	to which it submitted an a	annual financial re	eport similar to that required	d by Article	7-A).	
b. EPTL annual report exe						
· —	-	-	ceed \$25,000 <u>and</u> the asse	ets (market v	value) of the orga	anization did not
exceed	d \$25,000 at any time during	ng this fiscal year.				
For EPTL or Article-7A registran						
			on), part 2 (Certification) and pa			nformation) above.
<u>De</u>	<u>o not</u> submit a tee, <u>do not</u> co	omplete the following	g schedules and <u>do not</u> submit	any attachm	ents to this form.	
4. Article 7-A Schedules						
If you did not check the Artic	cle 7-A annual report exem	nption above. com	plete the following for this	fiscal year:		
a. Did the organization use a					activity in NY State	e? Yes* X No
* If "Yes", complete Sch	•	G		- 3-	,	
b. Did the organization rece		ons (grants)?				Yes* X No
* If "Yes", complete Sch	hedule 4b.					
_						
5. Fee Submitted: See last	page for summary of fee	requirements.				
Indicate the filing fee(s) you a	are submitting along with t	this form:				
a. Article 7-A filing fee			\$ 10	Submit on	lly one check o	r money order for the
b. EPTL filing fee			· —		-	Department of Law"
c. Total fee					,	
			-			

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)			
If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:			
1. Type of fund raising professional (FRP): Professional fund raiser Fund raising counsel Commercial co-venturer			
2. Name of FRP:			
Number and street (or P.O. box if mail is not delivered to street address):			
City or town, state or country and zip + 4:			
3. FRP telephone number:			
4. Services provided by FRP (provide description):			
5. Compensation arrangement with FRP (provide description):			
6. Dates of contract through (mm/dd/yyyy) (mm/dd/yyyy)			
7. Amount paid to FRP			

ATX Form **CHAR500** (2005)

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name		Grant Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Government Contributions (Grants)	
	Total Colonial Continuations (Claims)	Ψ

ATX Form **CHAR500** (2005)

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Orga	anization's Registration Type	Fee Instructions				
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.				
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.				
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.				
a)	Article 7-A filing fee					
	Total Support & Revenue	Article 7-A Fee * Any organization that contracted with or used the services of a professional fund raiser				

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filling fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List:

Check the boxes for the documents you are attaching.

For All Filers		
Filing Fee		
X Single check or money order payable to	o "NYS Department of Law"	
Copies of Internal Revenue Service Forms		
IRS Form 990	IRS Form 990-EZ	
Schedule A to IRS Form 990	Schedule A to IRS Form 990-EZ	
Schedule B to IRS Form 990	Schedule B to IRS Form 990-EZ	X Schedule B to IRS Form 990-PF
IRS Form 990-T	IRS Form 990-T	IRS Form 990-T
Additional Article 7-A Document Attachr	nent Requirement	
Independent Accountant's Report		
Audit Report (total support & revenue r	nore than \$250,000)	
Review Report (total support & revenue	\$100,001 to \$250,000)	
X No Accountant's Report Required (total	support & revenue not more than \$ 100,000)	

ATX Form CHAR500 (2005)

Form CHAR410

For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)

Registration Statement for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271

www.oag.state.ny.us/charities/charities.html

Open to Public Inspection

Part A - Identification of Registrant 1. Full name of organization (exactly as it appears in your organizing document) 5. Fed. employer ID no. (EIN) 20-3178577 Hakirah, Inc. 2. c/o Name (if applicable) 6. Organization's website

		J. J. gamean		
3. Mailing address (Number and street)	Room/suite	7. Primary co	ntact	
2610 Nostrand Avenue		Heshy Zelcer		
City or town, state or country and ZIP+4	•	Title		
Drackly in NIV 44240		Dunaidant		
Brooklyn, NY 11210 4. Principal NYS address (Number and street)	Room/suite	President Phone	F:	ax
	T Companie	1 110110		
as above		718 338-2400)	
City or town, state or country and ZIP+4		Email		
Part B - Certification - Two Signatures Required				
We certify under penalties for perjury that we reviewed this Registra		-		
our knowledge and belief, they are true, correct and complete in acc	cordance with the laws	of the State of N	lew York applica	able to this statement.
President or Authorized Officer/Trustee	Heshy Z	elcer	presiden	nt
Signature	Signature Printed Name		Title	Date
2. Chief Financial Officer or Treasurer	Temy Ze		secty/treasure	
Signature	Printed Na	me	Title	Date
Part C - Fee Submitted				
If registering to solicit contributions, fee is \$25. If not registering to solicit contributions, no fee is owed. Check □ □	If you are submitt	-		eck or money order, YS Department of Law."
•				
Part D - Attachments - All Documents Required				
Attach $\underline{\textbf{all}}$ of the following documents to this Registration Statement,	, even if you are claimi	ng an exemption	from registration	n:
Certificate of incorporation, trust agreement or other organizing d	locument, and any ame	endments; and		
Bylaws or other organizational rules, and any amendments; and IDO From 1000 and 001 April policy for December 11 and 12 and 13 and 14 and 15 an	Cf Pblade			
 IRS Form 1023 or 1024 Application for Recognition of Exemption IRS tax exemption determination letter (if applicable) 	i (if applicable); and			
IRS tax exemption determination letter (if applicable)				
Part E - Request for Registration Exemption				
Is the organization requesting exemption from registration under eith	ner or both Article 7-A	or the EPTL?		Yes* No

Part E - Request for Registration Exemption	
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? * If "Yes", complete Schedule E.	Yes* No

Hakirah, Inc. 20-3178577 Part F - Organization Structure Incorporation / formation **a.** Type of organization: Type of corporation if New York not-for-profit corporation С D Date incorporated if a corporation or formed if other than a corporation 07/18/2005 State in which incorporated or formed * If Other, describe: List all chapters, branches and affiliates of your organization (attach additional sheets if necessary) Mailing address (number and street, room/suite, Relationship Name City or town, state or country and zip+4) none List all officers, directors, trustees and key employees Mailing address (number and street, room/suite, End of term Name Title city or town, state or country and zip+4) (if applicable) 1565 E. 28th Street Heshy Zelcer President Brooklyn, NY 11229 1628 E. 29th Street Director Brooklyn, NY 11229 David Guttman 2802 Quentin Road Sheldon Epstein Director rooklyn, NY 11229 1565 E. 28th Street Temy Zelcer Brooklyn, NY 11229 Secty/Treasurer Other Names and Registration Numbers a. List all other names used by your organization, including any prior names none b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration

none

Hakirah, Inc. 20-3178577 Part G - Organization Activities Month the annual accounting period ends (01-12) 2. NTEE code 3. Date organization began doing each of following in New York State: a. conducting activity 08/28/2005 08/28/2005 soliciting contributions (including from residents, foundations, corporations, government agencies, etc.) Describe the purposes of your organization To support charitable, religious and educational institutions that adhere to the principles of the Orthodox Jewish faith. Has your organization or any of your officers, directors, trustees or key employees been: * If "Yes", describe: found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? . . . * If "Yes", describe: * If "Yes", describe: Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government Yes* X No * If "Yes", describe the purposes for which contributions are or will be solicited: List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary) Type of FRP Mailing address (number and street, room/suite, (see instructions for definitions) city or town, state or country and zip+4) Dates of contract Name Start date: PFR..... FRC..... Fnd date: CCV..... Start date: PFR..... FRC..... End date: CCV..... Start date: PFR..... FRC..... End date: Part H - Federal Tax Exempt Status If applicable, list the date your organization: a. applied for tax exempt status 02/28/2006 b. was granted tax exempt status Provide Internal Revenue Code provision: 501(c)(3