Form **1023**

(Rev. October 2004)

Department of the Treasury Internal Revenue Service

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB NO. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Pa	Ittl. Identification of Applicant				
1	Full name of organization (exactly as it appears in your organizing of	locument)	2 c/o Name (if applica	ble)	
Hak	irah, Inc.				
3		Room/Suite	4 Employer Identificati	on Number (E	IN)
261	Nostrand Avenue				
	City or town atota or country and ZID 1.4	L	20-3178577 5 Month the annual accour	ating period ands	(01 - 12)
Broo	City or town, state or country, and ZIP + 4 oklyn, NY 11210		5 Month the annual accoun	illing period erids	(01-12)
			12		
6	Primary contact (officer, director, trustee, or authorized repr	esentative)			
	a Name:		b Phone: 718 338-240	0	
Hes	hy Zelcer		c Fax: (optional)		
7	Are you represented by an authorized representative, such as provide the authorized representative's name, and the name			X Yes	☐ No
	representative's firm. Include a completed Form 2848, Power				
	Representative, with your application if you would like us to c				
8	Was a person who is not one of your officers, directors, truste			Yes	X No
	representative listed in line 7, paid, or promised payment, to he structure or activities of your experiencies.				
	the structure or activities of your organization, or about your fi provide the person's name, the name and address of the pers				
	promised to be paid, and describe that person's role.	,	,		
9a	Organization's website:				
b	Organization's email: (optional)				
10	Certain organizations are not required to file an information re			Yes	X No
	are granted tax-exemption, are you claiming to be excused fr				
	"Yes," explain. See the instructions for a description of organi Form 990-EZ.	zations not requ	alrea to file Form 990 of		
11	Date incorporated if a corporation, or formed, if other than a c	orporation. (N	/IM/DD/YYYY)	07/18/2005	
12	Were you formed under the laws of a foreign country? If "Yes," state the country.			Yes	X No
For	Paperwork Reduction Act Notice, see page 24 of the instructions.			Form 1023 (F	Rev. 10-2004)
(HTA)				`	,

orn	1023 (Rev. 10-2004) Name	: Hakirah, Inc.	EIN: 20-317	78577		Pag	ge 2
Pc	rt II Organizational Stru	cture					
			unincorporated association, or a trust	to be tax	exem	pt.	
		is form unless you can check "Y					 -
1	Are you a corporation ? If "Ye of filing with the appropriate s be sure they also show state fi	tate agency. Include copies of any	f incorporation showing certification amendments to your articles and	[X]	Yes	LJ 	No
2	showing certification of filing wagreement, attach a copy. Incl	ith the appropriate state agency. A ude copies of any amendments to	opy of your articles of organization Also, if you adopted an operating your articles and be sure they show o en an LLC should not file its own exer	state	Yes plication		No
3		-	y of your articles of association, nd includes at least two signatures.		Yes	X	No
4a	Are you a trust? If "Yes," attac and dated copies of any amen	th a signed and dated copy of your	r trust agreement. Include signed		Yes	X	No
b	Have you been funded? If "No	" explain how you are formed with	nout anything of value placed in trust.		Yes		No
	how your officers, directors, or	trustees are selected.	ing date of adoption. If "No," explain		Yes	X	No —
		s in Your Organizing Docum					
o m	neet the organizational test under se s not meet the organizational test. I	ection 501(c)(3). Unless you can check DO NOT file this application until yo	ation, your organizing document contains to the boxes in both lines 1 and 2, your orgout have amended your organizing docutous are a corporation or an LLC) with your organizes.	anizing do ment. Sub	cumen mit you	t	
1	religious, educational, and/or s meets this requirement. Descri a reference to a particular artic	cientific purposes. Check the box be specifically where your organiz	rour exempt purpose(s), such as char to confirm that your organizing docun ting document meets this requirement ocument. Refer to the instructions for and Paragraph): Section 3, part (a)	nent :, such as	,	X	
	for exempt purposes, such as cha confirm that your organizing docur dissolution. If you rely on state law If you checked the box on line	ritable, religious, educational, and/or s nent meets this requirement by expres for your dissolution provision, do not 2a, specify the location of your dis	ur remaining assets must be used exclusive cientific purposes. Check the box on line 2 ses provision for the distribution of assets uncheck the box on line 2a and go to line 2c scolution clause (Page, Article, and Page).	2a to pon		X	
2c	See the instructions for information		aw in your particular state. Check this	box if			
2		aw for your dissolution provision a on of Your Activities	nd indicate the state:				,
Jsir his ippl leta	ng an attachment, describe your pa information in response to other pa lication for supporting details. You r ails to this narrative. Remember tha cription of activities should be thoro	st, present, and planned activities in a rts of this application, you may summa nay also attach representative copies t if this application is approved, it will b ugh and accurate. Refer to the instruc	a narrative. If you believe that you have all arize that information here and refer to the of newsletters, brochures, or similar docume open for public inspection. Therefore, you tions for information that must be included	specific pa ments for s our narrativ I in your de	arts of support ve escription	the ing	
ā		Other Financial Arrangemen dependent Contractors	its With Your Officers, Directors	, Truste	es,		
1a	total annual compensation, or other position. Use actual fig	r proposed compensation, for all s gures, if available. Enter "none" if r	s, directors, and trustees. For each per ervices to the organization, whether a no compensation is or will be paid. If a prmation on what to include as compe	is an offic additional	er, en	ploye	
Na	me	Title	Mailing address	Comper (annual			
les	hy Zelcer	President/Director	1565 E. 28th Street Brooklyn, NY 11229	None			
Dav	rid Guttmann	Director	1628 E. 29th Street Brooklyn, NY 11229	None			
She	eldon Epstein	Director	2802 Quentin Road Brooklyn, NY 11229	None			
an	ny Zelcer	Secretary/Treasurer	1565 E. 28th Street Brooklyn, NY 11229	None			

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Page	

	-	Other Financial Arrangen Ependent Contractors (C	nents With Your Officers, Directors continued)	, Truste	es, 		
b	receive compensation of more	than \$50,000 per year. Use	rr five highest compensated employees w the actual figure, if available. Refer to the clude officers, directors, or trustees listed	instructio		9	
Nam		Title	Mailing address	Compens		ount estimated)	_
Noi	ne						
							_
С		pensation of more than \$50,	es of your five highest compensated ind 000 per year. Use the actual figure, if ava				
Nam	ne	Title	Mailing address	Compens (annual a		ount estimated)	
Noi	ne						_
							_
			d relationships, transactions, or agreements votensated independent contractors listed in line				_
		ors, or trustees related to ea	ch other through family or business		Yes		Vo
b	Do you have a business relation	nship with any of your officer cer, director, or trustee? If "Y	rs, directors, or trustees other than 'es," identify the individuals and describe		Yes	X	Vo.
С	Are any of your officers, director	ors, or trustees related to you dent contractors listed on line	ir highest compensated employees or es 1b or 1c through family or business		Yes	X	Vo
3а	compensated independent con	tractors listed on lines 1a, 1b	ensated employees, and highest o, or 1c, attach a list showing their name,				
b	qualifications, average hours worked, and duties. Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through common control? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.					X	Vo
4	employees, and highest compe	ensated independent contractions and although they are no	, trustees, highest compensated tors listed on lines 1a, 1b, and 1c, the t required to obtain exemption. Answer				
b	Do you or will you approve con	pensation arrangements in a	ments follow a conflict of interest policy? advance of paying compensation? f approved compensation arrangements?		Yes Yes Yes		/0 /0 /0

Form		EIN: 20-3178577		Pa	ge 4
Pa	Compensation and Other Financial Arrangements With Your Officers, Dir Employees, and Independent Contractors (Continued)	ectors, Trustee	s, 		
d	Do you or will you record in writing the decision made by each individual who decided or vote compensation arrangements?	d on	Yes		No
е	Do you or will you approve compensation arrangements based on information about compensy similarly situated taxable or tax-exempt organizations for similar services, current compensations by independent firms, or actual written offers from similarly situated organizations? instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensations?	ensation surveys Refer to the	Yes		No
f	Do you or will you record in writing both the information on which you relied to base your dec and its source?	ísion	Yes		No
g	If you answered "No" to any item on lines 4a through 4f, describe how you set compensation reasonable for your officers, directors, trustees, highest compensated employees, and higher compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.				
5a	Have you adopted a conflict of interest policy consistent with the sample conflict of interes in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the phas been adopted, such as by resolution of your governing board. If "No," answer lines 5b ar	olicy	Yes		No
b	What procedures will you follow to assure that persons who have a conflict of interest will not influence over you for setting their own compensation? The corporation does not intend to		ation	ı .	
С	What procedures will you follow to assure that persons who have a conflict of interest will not influence over you regarding business deals with themselves? The corporation will not experience over your example.		ifican	it busine:	ss.
	Note: A conflict of interest policy is recommended though it is not required to obtain exemption Hospitals, see Schedule C, Section I, line 14.	on.			
6a	Do you or will you compensate any of your officers, directors, trustees, highest compensated and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-payments , such as discretionary bonuses or revenue-based payments? If "Yes," describe al compensation arrangements, including how the amounts are determined, who is eligible for sarrangements, whether you place a limitation on total compensation, and how you determine determine that you pay no more than reasonable compensation for services. Refer to the ins Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	fixed I non-fixed such or will	Yes		No
b	Do you or will you compensate any of your employees, other than your officers, directors, tru or your five highest compensated employees who receive or will receive compensation of mo \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-bapayments? If "Yes," describe all non-fixed compensation arrangements, including how the arrange or will be determined, who is or will be eligible for such arrangements, whether you place place a limitation on total compensation, and how you determine or will determine that you paymore than reasonable compensation for services. Refer to the instructions for Part V, lines 12 and 1c, for information on what to include as compensation.	ore than used nounts or will ay no	Yes	· X	No
7a	Do you or will you purchase any goods, services, or assets from any of your officers, director trustees, highest compensated employees, or highest compensated independent contractors lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, fr whom you make or will make such purchases, how the terms are or will be negotiated at arm length, and explain how you determine or will determine that you pay no more than fair may value. Attach copies of any written contracts or other agreements relating to such purchases	listed in om n's ket	Yes	; X	No
b	Do you or will you sell any goods, services, or assets to any of your officers, directors, truster highest compensated employees, or highest compensated independent contractors listed in 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you n will make such sales, how the terms are or will be negotiated at arm's length, and explain how determine or will determine you are or will be paid at least fair market value. Attach copies of written contracts or other agreements relating to such sales.	lines 1a, nake or w you	Yes		No
8a	Do you or will you have any leases, contracts, loans, or other agreements with your officers, trustees, highest compensated employees, or highest compensated independent contractors lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.		Yes	X	No
b c	Describe any written or oral arrangements that you made or intend to make. Identify with whom you have or will have such arrangements.				
d					
e f	Explain how you determine you pay no more than fair market value or you are paid at least fa Attach copies of any signed leases, contracts, loans, or other agreements relating to such an				
	Do you or will you have any leases, contracts, loans, or other agreements with any organizat which any of your officers, directors, or trustees are also officers, directors, or trustees, or in any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.	ion in	Yes	X	No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- **b** Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- contracta logna or other agreements relating to such arrangements

T	Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.				
Pa	Your Members and Other Individuals and Organizations That Receive Benefits From	n Yo	ou		
	following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organ	nizati	ions as p	art	
of y	our activities. Your answers should pertain to past, present, and planned activities. (See instructions.)				
1a	In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.		Yes	X	No
b	In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.	X	Yes		No
2	Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.		Yes	X	No
3	Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.		Yes	X	No
Pa	Your History				
The	following "Yes" or "No" questions relate to your history. (See instructions.)				
1	Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from foreprofit to non-profit status. If "Yes," complete Schedule G.		Yes	X	No
2	Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.		Yes	X	No
Pa	Your Specific Activities				
	following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate wers should pertain to <i>past, present</i> , and <i>planned</i> activities. (See instructions.)	box.	Your		
1	Do you support or oppose candidates in political campaigns in any way? If "Yes," explain.		Yes	X	No
2a	Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.		Yes	X	No
đ	Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.		Yes	X	No
3a	Do you or will you operate bingo or gaming activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data.		Yes	X	No
b	Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.		Yes	X	No
С	List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.				

100	1023 (Rev. 10-2004) Name: Hakirah, Inc. Your Specific Activities (Continued)	EIN: 20-31	78577		Pa	ge 6
	Do you or will you undertake fundraising ? If "Yes," of conduct. (See instructions.) mail solicitations	phone solicitations		Yes	\boxtimes	No
	email solicitations personal solicitations vehicle, boat, plane, or similar donations foundation grant solicitations	 accept donations on your website receive donations from another organization government grant solicitations Other 	n's website	е		
b	Attach a description of each fundraising program. Do you or will you have written or oral contracts with for you? If "Yes," describe these activities. Include all and state who conducts them. Revenue and expense specified in Part IX, Financial Data. Also, attach a coperation of the program	revenue and expenses from these activities should be provided for the time periods		Yes	X	No
С	Do you or will you engage in fundraising activities for arrangements. Include a description of the organization all contracts or agreements.	other organizations? If "Yes," describe these ons for which you raise funds and attach copies		Yes	X	No
d	List all states and local jurisdictions in which you conjurisdiction listed, specify whether you fundraise for y organization, or another organization fundraises for y	our own organization, you fundraise for another		Yes	X	No
е	Do you or will you maintain separate accounts for any the right to advise on the use or distribution of funds? on the types of investments, distributions from the type donor's contribution account. If "Yes," describe this pube provided and submit copies of any written material	Answer "Yes" if the donor may provide advice bes of investments, or the distribution from the rogram, including the type of advice that may		Yes	X	No
5	Are you affiliated with a governmental unit? If "Yes,"	explain.		Yes	X	No
	Do you or will you engage in economic developmer Describe in full who benefits from your economic dev promote exempt purposes.			Yes	X	No
7a	Do or will persons other than your employees or volu each facility, the role of the developer, and any busin developer and your officers, directors, or trustees.		e 🗌	Yes	\boxtimes	No
b	Do or will persons other than your employees or volu "Yes," describe each activity and facility, the role of the relationship(s) between the manager and your officer	ne manager, and any business or family		Yes	X	No
С	If there is a business or family relationship between a directors, or trustees, identify the individuals, explain negotiated at arm's length so that you pay no more the contracts or other agreements.	the relationship, describe how contracts are				
8	Do you or will you enter into joint ventures , including treated as partnerships, in which you share profits an 501(c)(3) organizations? If "Yes," describe the activiti participate.	d losses with partners other than section		Yes	X	No
9a	Are you applying for exemption as a childcare organization of through 9d. If "No," go to line 10.	zation under section 501(k)? If "Yes," answer		Yes	X	No
b	Do you provide child care so that parents or caretake employed (see instructions)? If "No," explain how you in section 501(k).			Yes		No
С	Of the children for whom you provide child care, are 8 enable their parents or caretakers to be gainfully empyou qualify as a childcare organization described in s	ployed (see instructions)? If "No," explain how		Yes		No
d	Are your services available to the general public? If "I whom your activities are available. Also, see the instriction childcare organization described in section 501(k).	No," describe the specific group of people for uctions and explain how you qualify as a		Yes		No
10	Do you or will you publish, own, or have rights in mus scientific discoveries, or other intellectual property? own any copyrights, patents, or trademarks, whether determined, and how any items are or will be produced.	If "Yes," explain. Describe who owns or will fees are or will be charged, how the fees are	X	Yes		No

orm	1023 (Rev. 10-2004) Name: Hakirah, Inc. EIN: 20-3178	577		Pa	age 7
Pai	it VIII Your Specific Activities (Continued)				
11	Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.		Yes	<u>X</u>	No
12a	Do you or will you operate in a foreign country or countries ? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.		Yes	X	No
b	Name the foreign countries and regions within the countries in which you operate.				
	Describe your operations in each country and region in which you operate.				
d	Describe how your operations in each country and region further your exempt purposes.				
13a	Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.	X	Yes		No
	Describe how your grants, loans, or other distributions to organizations further your exempt purposes.				
	Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract	t	Yes	X	No
	Identify each recipient organization and any relationship between you and the recipient organization.				
	Describe the records you keep with respect to the grants, loans, or other distributions you make.				
ĭ	Describe your selection process, including whether you do any of the following: (i) Do you require an application form? If "Yes," attach a copy of the form.	ГЛ	Yes		No
	(ii) Do you require an application form: If "Yes," attach a copy of the form. (iii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.	H	Yes		No
g	Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.				
l4a	Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.		Yes	X	No
b	Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.				
С	Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.		Yes		No
d	Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.		Yes		No
е	Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.		Yes		No
	Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.		Yes		No

	1023 (Rev. 10-2004) Name: Hakirah, Inc.	EIN: 20-3178577	Page 8
Pai	Your Specific Activities (Continued)		
15	Do you have a close connection with any organizations? If "Yes," explain.	☐ Yes	X No
16	Are you applying for exemption as a cooperative hospital service organization under \$501(e)? If "Yes," explain.	section Yes	∑ No
17	Are you applying for exemption as a cooperative service organization of operating ed organizations under section 501(f)? If "Yes," explain.	ucational Yes	X No
18	Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes,"	explain. Yes	No
19	Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whete operate a school as your main function or as a secondary activity.	ner you Yes	X No
20	Is your main function to provide hospital or medical care? If "Yes," complete Schedule C	C. 🔲 Yes	X No
21	Do you or will you provide low-income housing or housing for the elderly or handicapp "Yes," complete Schedule F.	ed? If Yes	X No
22	Do you or will you provide scholarships, fellowships, educational loans, or other education individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.		X No
	Note: Private foundations may use Schedule H to request advance approval of individual procedures.	al grant	

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

			A. Statement o	f Revenue and E	xpenses		
		Type of revenue or expense	Current tax year	3 prior ta:	x years or 2 succeeding	tax years	
			(a) From 7/18/2005	(b) From 1/1/2006	(c) From 1/1/2007	(d) From	(e) Provide Total for
			To 12/31/2005				(a) through (d)
	1	Gifts, grants, and					
		contributions received (do not				})
		include unusual grants)	41,202	45,000	45,000	}	131,202
	2	Membership fees received	11,505	10,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
		Gross investment income	 				0
		Net unrelated business	 	 	 		
	1	income				}	0
	5	Taxes levied for your benefit	 				0
			 		<u> </u>		
	В	Value of services or facilities				Ì	
]	furnished by a governmental		}	ſ	[•
		unit without charge (not					
es		including the value of services		1		ł	
줎		generally furnished to the			į.		
Revenues		public without charge)	 				0
œ	7	Any revenue not otherwise			}		
		listed above or in lines 9–12		,	}	}	
		below (attach an itemized list)					0
	8	Total of lines 1 through 7	41,202	45,000	45,000	0	131,202
		Gross receipts from admissions,					
]	merchandise sold or services			ļ	}	
		performed, or furnishing of			5		
		facilities in any activity that is					
		related to your exempt					
		purposes (attach itemized list)				(0
	10	Total of lines 8 and 9	41,202	45,000	45,000	0	131,202
		Net gain or loss on sale of	41,202	40,000	45,000	 	101,202
	' '	-			ļ		
		capital assets (attach					,
	40	schedule and see instructions)	 		 	 	0
		Unusual grants	 			ļ	<u> </u>
	13	Total Revenue)		
		Add lines 10 through 12	41,202	45,000	45,000	0	131,202
		Fundraising expenses					
	15	Contributions, gifts, grants,			ļ		
		and similar amounts paid out					
	L	(attach an itemized list)	8,150	45,000	45,000		
	16	Disbursements to or for the					
		benefit of members (attach an	1				
		itemized list)					
	17	Compensation of officers,					
Š		directors, and trustees					
Expenses	18		 				
\$		Interest expense	 		 		
ш		Occupancy (rent, utilities, etc.)	 				
		Depreciation and depletion	 		 		
		Professional fees	 			<u></u>	
			 			 	
	∠3	Any expense not otherwise	(
		classified, such as program]				
		services (attach itemized list)	8,022				
	24	Total Expenses	1				
		Add lines 14 through 23	16,172	45,000	45,000	0	

Form	1023 (Rev. 10-2004)	Name: Hakirah, Inc.	EIN: 20-3178577			Page 10
Pa	rt IX Financial	Data (Continued)				
		B. Balance Sheet (for your most re	cently completed tax year)			12/31/05
		Assets			(Whol	e dollars)
1						25,031
2				2		
3				,		
4 5		•		5		
6				6		
7		`		l -		
8		· ·	iist)	8		
9				9		
10				10		
11	Total As	ssets (add lines 1 through 10)		11		25,031
		Liabilities				
12						
13	_			13		
14 15		otes payable (attach an itemized list)		15		
16				16		0
10	i Otal Eli	Fund Balances or Ne				
17	Total fund balance			17		25,031
18			sets (add lines 16 and 17)	18		25,031
19	Have there been a shown above? If "		s or liabilities since the end of the period	□ \	res .	X No
Pa	Public Ch					
is a	more favorable tax	lassify you as an organization that is e status than private foundation status are a private operating foundation	either a private foundation or a public charit If you are a private foundation, Part X is desig . (See instructions.)	y. Public ined to f	c char further	ity status
1a		foundation? If "Yes," go to line 1b. If " see the instructions.	No," go to line 5 and proceed as instructed.	X	⁄es	☐ No
b	addition to those the confirm that your organizing docume your organizing documents.	that apply to all organizations describe organizing document meets this requition of state law. Attach a statement the ent meets this requirement, such as a ocument or by operation of state law.	provisions in your organizing document in ed in section 501(c)(3). Check the box to rement, whether by express provision or by nat describes specifically where your a reference to a particular article or section in See the instructions, including Appendix B, be contained in your organizing document.			\boxtimes
2	directly in the active to indirectly carrying	ve conduct of charitable, religious, edi	operating foundation you must engage ucational, and similar activities, as opposed ants to individuals or other organizations. If f Part XI.	<u> </u>	⁄es	∑ No
3			h financial information showing that you are an of Part XI. If "No," continue to line 4.	_ Y	⁄es	X No
4	from a certified pu that sets forth facts satisfy the requires	ablic accountant or accounting firm with some concerning your operations and sug	ounsel, (including a written affidavit or opinion hexpertise regarding this tax law matter), oport to demonstrate that you are likely to erating foundation; or (2) a statement ting foundation?	Y	(es	⊠ No
5	If you answered "N below. You may cl	No" to line 1a, indicate the type of pub heck only one box.	lic charity status you are requesting by checking	ng one c	of the o	choices
		s not a private foundation because it i				
а			ssociation of churches. Complete and attach Sched	lule A.		
b		(b)(1)(A)(ii)—a school . Complete and				
С	509(a)(1) and 170 organization opera	(b)(1)(A)(iii)— a hospital , a cooperati ated in conjunction with a hospital. Co	ve hospital service organization, or a medical r mplete and attach Schedule C.	esearch	1	
d			re organizations described in line 5a through c	, f, g, or	h	

orm	1023 (Rev. 10-2004) Name: Hakirah, Inc. EIN: 20-3178577	Page 11
Par	tX Public Charity Status (Continued)	
	509(a)(4)—an organization organized and operated exclusively for testing for public safety. 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or	
g	operated by a governmental unit. 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.	
h	509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).	
ì	A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.	
6	If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive	ı.
а	Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.	
	Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Consent Fixing Period (Internal Revenue Consent Fixing Period (Inter	ode
	(Signature of Officer, Director, Trustee, or other authorized official) (Type or print title or authority of signer) (Type or print title or authority of signer)	
	For Director, Exempt Organizations	
	By Date	
b	Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).	
	 (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. 	
	(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.	
	(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.	
7	Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.	∑ No

Dago	1	2
Page	ı	_

EIN: 20-3178577

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$500. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$150. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

made	e payable to the United States Treasury. User fees are s in the keyword box, or call Customer Account Services a	ubject to change. Check our website at www.irs.g				
1	Have your annual gross receipts averaged or are they elf "Yes," check the box on line 2 and enclose a user fee If "No," check the box on line 3 and enclose a user fee	payment of \$150 (Subject to change-see above		∑ No		
2	2 Check the box if you have enclosed the reduced user fee payment of \$150 (Subject to change).					
3	Check the box if you have enclosed the user fee payme	ent of \$500 (Subject to change).		X		
I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined thi application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete Please Sign Heshy Zelcer Heshy Zelcer						
Here	,	(Type or print name of signer)	(Date)			
	authorized official)	President				
		(Type or print title or authority of signer)				

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Form 1023 (Rev. 10-2004)

Attachment to Form 1023 Application for Recognition of Exemption

Under Section 501(c)(3) of the Internal Revenue Code

Part IV – Narrative description of activities

The sole and exclusive purpose of the corporation shall be to support charitable, religious and educational institutions that adhere to the principles of the Orthodox Jewish faith. As such, the corporation will, on its own initiative, seek out such institutions, and will ascertain that they do indeed qualify as furthering the purposes of the corporation and that they are also so qualified under Section 501(c)(3) of the Internal Revenue Code.

Generally, such institutions shall be synagogues, day care facilities, primary and secondary schools of secular and religious education, and institutions of higher education engaged in religious and educational training and research. An organization that engages in support of the above type institutions and is qualified under Section 501(c)(3) of the Internal Revenue Code shall also eligible to receive the corporation's support.

Support of such qualifying organizations shall be in the form of unsolicited cash grants. The corporation does not expect to set minimum or maximum limits on the dollar amount of the grants that the corporation intends to award to qualifying institutions. The corporation may also purchase and print books, periodicals, journals and other educational material for distribution to such qualifying institutions. Generally, the corporation does not intend to acquire long-lived assets such as school equipment for distribution to qualifying institutions. The corporation also anticipates that all grants will be unrestricted to the grantee or recipient.

The corporation will not seek and will not accept unsolicited grant proposals.

Part V 2a – Family or Business Relationships

Heshy and Tamy Zelcer are husband and wife. There is no other family or business relationship among the directors and officers.

Part V 3a –Qualifications of Directors and Officers

Heshy Zelcer is an executive at a local business enterprise with many years of management experience. He will devote minimum time and effort to the activities of the corporation. His duties will be to identify eligible grant recipients and otherwise generally manage the affairs of the corporation.

David Guttmann is an executive at a local business enterprise with many years of management experience. He will devote minimum time and effort to the activities of the corporation. His duties will be to review the activities of the corporation and lend assistance as required.

Sheldon Epstein is a professor of mathematics at a prestigious regional institution of higher learning. He will devote minimum time and effort to the activities of the corporation. His duties will be to review the activities of the corporation and lend assistance as required.

Tamy Zelcer will be responsible for the bookkeeping and recordkeeping activities of the corporation. She will devote minimum time and effort to these activities.

Part VI b – Organizations that Receive Benefits

Only those organizations that qualify, as described above, will receive funds from the corporation.

Part VIII 10 – Intellectual Property

While the corporation may publish or print books, journals, periodicals and educational material for distribution to qualifying institutions, it does not expect to retain any copyrights to that material. Such journals or periodicals will be made available to other charitable institutions, and to the general public for a nominal subscription fee.

Part VIII 13a through g – Grants to Organizations

See the response to Part IV above.

Certificate of Incorporation

of

HAKIRAH, INC.

Pursuant to Section 402 of the Not-For-Profit Corporation Law

It is hereby certified that:

1. The name of the corporation is:

HAKIRAH, INC.

- 2. The corporation is a corporation as defined in subparagraph (a)(5) of section 102 of the Not-For-Profit Corporation Law.
- 3. The purposes for which the corporation is formed are:
 - (a) To financially support Religious institutions. To financially assist needy individuals and families in times of unusual circumstances;
 - (b) To do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof, but not the pecuniary profit or financial gain of its members, directors or officers, except as permitted under Article 5 of the Non-For-Profit Law.
- 4. In addition to the foregoing corporate purposes the corporation shall have all of the general powers set forth in Section 202 of the Not-For-Profit Corporation Law together with the power to solicit and receive grants, bequests and contribution for the corporate purposes.
- 5. The corporation is Type B corporation as defined in Section 201 of the Not-For-Profit Corporation Law.
- 6. The office of the corporation shall be located in the County of Kings.
- 7. The names and residences of the initial directors until the first annual meeting are as follows:

Heshy Zelcer 1565 E. 28 St., Brooklyn, NY 11229

David Guttmann 1628 E. 29 St., Brooklyn, NY 11219

Sheldon Epstein 2802 Quentin Road, Brooklyn, NY 11229 8. The Secretary of State is hereby designated as agent to the corporation upon whom process against the corporation may be served. The post office address to which the Secretary of State shall mail a copy of any such process is:

2610 Nostrand Ave. Brooklyn, NY 11210

- 9. Said Organization is organized exclusively to be a private foundation as defined in section 509 of the United States internal revenue code of 1954.
 - a. The corporation shall distribute such amounts for each taxable year at such time and in such manner as not to subject the corporation to tax on undistributed income under section 4942 of the code.

The corporation shall not engage in any act or self-dealing which is subject to tax under section 4941 of the code.

The corporation shall not retain any excess business holdings which are subject to tax under section 4943 of the code.

The corporations shall not make any investments in such manner as to subject the corporation to tax under section 4944 of the code.

The corporation shall not make any taxable expenditures which are subject to tax under section 4945 of the code.

Except as provided in paragraph 10 this paragraph applies notwithstanding any other provision of the certificate of incorporation or any direction in an instrument referred to in section 513 (Administration of assets received for specific purposes.

- b. Paragraph (a) shall not apply to the extent that it conflicts with any mandatory direction in an instrument by which assets referred to in section 513 were transferred to the corporation prior to the effective date of this section unless such conflicting directions is removed as impracticable under article eight of the estates, powers and trusts law or in any other manner provided by law. The absence of a specific provision in the section 513 instrument for the current use of the principal of the fund, limited to the principal's being held, invested and reinvested, is not such a conflicting mandatory direction.
- c. All references in this section to sections of the code shall be to such sections as amended from time to time, or to corresponding provisions of subsequent internal revenue laws.
- 10. Said Organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be

authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c)(3) of the Internal Revenue Code, or corresponding section 170 (c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

No substantial part of the activities of the corporation shall be carrying on propaganda or otherwise attempting to influence legislation [except as otherwise provided by IRC Sec. 501(h)] or participating in or intervening in (including the publication or distribution of statements), any candidates for public office.

In the event of dissolution, all of the remaining assets and property of the organization shall, after payment of necessary expenses thereof, be distributed to such organizations as shall qualify under section 501(c) 3 of the Internal Revenue Code of 1986.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organizations then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Nothing herein shall authorize the corporation, directly or indirectly to engage in or include among its purposes any of the activities mentioned in Section 404(a) through 404(v) of the Not-For-Profit Corporation Law.

Not with standing any other provisions of these articles, the organization is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Revenue Act of 1986 and shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under IRC 501(c)(3) or corresponding provisions of any subsequent tax laws.

11. Nothing herein shall authorize or empower the corporation to perform or engage in any act or practice prohibited by the General Business Law Section 340 or other anti-monopoly statute of the State of New York.

Nothing herein shall authorize the corporation to engage in the practice of the profession of medicine or any other profession required to be licensed by Title VIII of the Education Law.

Nothing herein shall authorize the corporation to operate or maintain a nursery school, elementary school or secondary school.

Nothing herein shall authorize the corporation to operate or maintain a library, museum or historical society.

11. The word "HAKIRAH" in the title of the company stands for "RECOGNITION" when translated from into English from Hebrew.

In witness whereof, this certificate has been subscribed this 15th day of July, 2005, by the undersigned, who affirms that the statements herein are true under the penalties of perjury.

Dated July 15th, 2005

s/Heshy Zelcer
Incorporator
Heshy Zelcer
2610 Nostrand Ave.
Brooklyn, NY 11210

DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

EXIST DATE

07/18/2005

FILING RECEIPT

ENTITY NAME: HAKIRAH, INC.

DOCUMENT TYPE: INCORPORATION (NOT-FOR-PROFIT)

TYPE: B COUNTY: KING

SERVICE COMPANY: ALCO CORPORATE SERVICES SERVICE CODE: 56

FILED:07/18/2005 DURATION:PERPETUAL CASH#:050718000743 FILM #:050718000680

ADDRESS FOR PROCESS

THE CORPORATION

2610 NOSTRAND AVE.

BROOKLYN, NY 11210

REGISTERED AGENT

FILER	FEES	100.00	PAYMENTS	100.00		
,						
	FILING	75.00	CASH	0.00		
	TAX	0.00	CHECK	0.00		
HESHY ZELCER	CERT	0.00	CHARGE	0.00		
710 NOSTRAND AVE.	COPIES	0.00	DRAWDOWN	100.00		
	HANDLING	25.00	OPAL	0.00		
BROOKLYN, NY 11210		•	REFUND	0.00		

Certificate of Filing

This Certifies that the Corporation named

HAKIRAH, INC.

was filed with the Secretary of State of NEW YORK

on the 18th day of July of 2005

The said corporation shall have and may exercise all of the power conferred by the Not-For-Profit Corporation Law of the State of New York

Sole Incorporator

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Minutes of the first Meeting of the Directors of Hakirah, Inc.

The Directors of the Corporation elected Tamy Zelcer to serve as Secretary/Treasurer of the Corporation.

The following additions, amendments and corrections to The Certificate of Incorporation of the corporation were adopted:

Paragraph 3(a) is replaced by: "To financially support charitable, religious and educational institutions adhering to the principles of the Orthodox Jewish Faith."

Any reference in paragraph 3(a) to "assist needy individuals and families in times of unusual circumstances" is specifically and intentionally deleted.

In paragraph 12 the word "RECOGNITION" is changed to "INTELLECTUAL RESEARCH" to more accurately state the translation of the word "Hakirah."

The directors affirmed that no by-laws were adopted, and that the Certificate of Incorporation is the sole governing document of the corporation.

No other actions were taken by the directors of the corporation.

Signed by Heshy Zelcer

7731_

Dated this 25th day of July 2005