

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization EZER MI ZI ON		D Employer identification number 13-3660421
	Doing business as		E Telephone number (718) 853-8400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,377,250.
	5225 NEW UTRECHT AVE.		H(a) Is this a group return for subordinates? ~ ~ Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11219		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes No
	F Name and address of principal officer: MOSHE BODNER SAME AS C ABOVE		If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() § (insert no.) 4947(a)(1) or 527			H(c) Group exemption number
J Website: EZERMI ZI ON. ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1988 M State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE VITALLY NEEDED ASSISTANCE TO INDIVIDUALS AND THEIR FAMILIES FACING HEALTH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) ~ ~ ~ ~ ~	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b) ~ ~ ~ ~ ~	4	7
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) ~ ~ ~ ~ ~	5	12
	6 Total number of volunteers (estimate if necessary) ~ ~ ~ ~ ~	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 ~ ~ ~ ~ ~	7a	3,152.
b Net unrelated business taxable income from Form 990-T, line 34 ~ ~ ~ ~ ~	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) ~ ~ ~ ~ ~	3,121,791.	3,179,887.
	9 Program service revenue (Part VIII, line 2g) ~ ~ ~ ~ ~	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~ ~ ~ ~ ~	3,792.	222.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~ ~ ~ ~ ~	0.	197,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	3,125,583.	3,377,250.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~ ~ ~ ~ ~	1,514,124.	2,054,983.
	14 Benefits paid to or for members (Part IX, column (A), line 4) ~ ~ ~ ~ ~	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~ ~ ~	703,922.	702,110.
	16a Professional fundraising fees (Part IX, column (A), line 11e) ~ ~ ~ ~ ~	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 430,452.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~ ~ ~ ~ ~	762,824.	775,608.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2,980,870.	3,532,701.
19 Revenue less expenses. Subtract line 18 from line 12 ~ ~ ~ ~ ~	144,713.	-155,451.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) ~ ~ ~ ~ ~	Beginning of Current Year 1,108,599.	End of Year 821,130.
	21 Total liabilities (Part X, line 26) ~ ~ ~ ~ ~	165,151.	33,133.
	22 Net assets or fund balances. Subtract line 21 from line 20 ~ ~ ~ ~ ~	943,448.	787,997.

Part II Signature Block

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

Sign Here	= Signature of officer MOSHE BODNER, CHAIRMAN OF BOARD	Date			
	= Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIUS KLEIN, CPA	Preparer's signature JULIUS KLEIN, CPA	Date 11/14/17	Check if self-employed	PTIN P00416000
	Firm's name JULIUS SHEA KLEIN, CPA & ASSOCIATES	Firm's EIN 27-1572286	Phone no. (646) 415-8195		
	Firm's address 616 CORPORATE WAY, SUITE 2 #3075 VALLEY COTTAGE, NY 10989				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
ASSIST FUNCTIONALLY, MEDICALLY & MENTALLY CHALLENGED INDIVIDUALS WITH APPROPRIATE EQUIPMENT, FOOD DISBURSEMENTS, AND SOCIAL SERVICES. COLLABORATES WITH TRANSPLANT CENTERS AROUND THE GLOBE BY FACILITATING TRANSPLANTS FOR PATIENTS WHOSE ONLY CHANCE OF SURVIVAL IS A BONE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,725,507. including grants of \$ 2,009,295.) (Revenue \$)
GRANTS TO ORGANIZATIONS WHICH PROVIDE MEDICAL AND OTHER SOCIAL SERVICES TO INDIVIDUALS. IN ADDITION, THE ORGANIZATION PROVIDES GRANTS TO FOREIGN ORGANIZATIONS ORGANIZED AND OPERATING EXCLUSIVELY FOR PURPOSE WITHIN THE MEANING OF SECTION 501 C 3 OF THE INTERNAL REVENUE CODE, SUCH AS EZER MIZION IN ISRAEL, THAT SHARE THE ORGANIZATION'S STATED MISSION AND PURPOSES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses | 2,725,507.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~ ~ ~ ~ ~		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~ ~ ~ ~ ~		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~ ~ ~ ~ ~		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~ ~ ~ ~ ~		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ~ ~ ~ ~ ~		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a ~ ~ ~ ~ ~		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~ ~ ~ ~ ~		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II ~ ~ ~ ~ ~		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ~ ~ ~ ~ ~		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ~ ~ ~ ~ ~		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ~ ~ ~ ~ ~		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~ ~ ~ ~ ~		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ~ ~ ~ ~ ~		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~ ~ ~ ~ ~		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~ ~ ~ ~ ~		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? ~ ~ ~ ~ ~	X	
Note. All Form 990 filers are required to complete Schedule O ~ ~ ~ ~ ~		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line number, description, sub-part, and Yes/No boxes. Includes lines 1a through 14b regarding Form 1096, W-2G, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed J CA, I L, NY, PA, FL, MD, MI, NJ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
X Own website X Another's website X Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: |
EZER MI ZI ON - (718) 853- 8400
5225 NEW UTRECHT AVE., BROOKLYN, NY 11219

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- ¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - ¥ List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - ¥ List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - ¥ List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - ¥ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOSHE SCHIFF TREASURER	2.00	X		X				0.	0.	0.
(2) DAVID BREIER SECRETARY	2.00	X		X				0.	0.	0.
(3) YOSEF KALATSKY BOARD MEMBER	2.00	X						0.	0.	0.
(4) MANNY MALEKAN BOARD MEMBER	2.00	X		X				0.	0.	0.
(5) PHILIP LAZARUS BOARD MEMBER	2.00	X		X				0.	0.	0.
(6) MOSHE BODNER BOARD CHAIRMAN	2.00	X		X				0.	0.	0.
(7) YAAKOV MARMURSTEIN BOARD MEMBER	2.00	X		X				0.	0.	0.
(8) CHANA MINDY HERSKOWITZ EXECUTIVE DIR.	20.00			X				77,000.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains the value 'NONE'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~ ~ ~ ~ ~					
	b	Membership dues ~ ~ ~ ~ ~					
	c	Fundraising events ~ ~ ~ ~ ~					
	d	Related organizations ~ ~ ~ ~ ~					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above ~ ~	3, 179, 887.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	3, 179, 887.				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue ~ ~ ~ ~ ~					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~ ~ ~ ~ ~	222.		222.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties	2, 930.		2, 930.		
	6 a		(i) Real				
			(ii) Personal				
	b	Less: rental expenses ~ ~ ~					
	c	Rental income or (loss) ~ ~					
	d	Net rental income or (loss)					
	7 a		(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses ~ ~ ~					
	c	Gain or (loss) ~ ~ ~ ~ ~					
	d	Net gain or (loss)					
	8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~ ~ ~ ~ ~				
			b	Less: direct expenses ~ ~ ~ ~ ~			
			c	Net income or (loss) from fundraising events			
9 a		Gross income from gaming activities. See Part IV, line 19 ~ ~ ~ ~ ~					
		b	Less: direct expenses ~ ~ ~ ~ ~				
		c	Net income or (loss) from gaming activities				
10 a		Gross sales of inventory, less returns and allowances ~ ~ ~ ~ ~					
		b	Less: cost of goods sold ~ ~ ~ ~ ~				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a		INSURANCE PROCEEDS	194, 211.	194, 211.			
		b					
		c					
		d	All other revenue ~ ~ ~ ~ ~				
		e	Total. Add lines 11a-11d	194, 211.			
12	Total revenue. See instructions.	3, 377, 250.	194, 211.	3, 152.	0.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~ ~ ~ ~ ~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~	2, 054, 983.	2, 054, 983.		
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~	77, 000.	30, 800.	34, 650.	11, 550.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~ ~ ~				
7 Other salaries and wages ~ ~ ~ ~ ~	575, 986.	346, 923.	113, 452.	115, 611.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits ~ ~ ~ ~ ~				
10 Payroll taxes ~ ~ ~ ~ ~	49, 124.	29, 327.	10, 384.	9, 413.
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~	7, 482.		7, 482.	
c Accounting ~ ~ ~ ~ ~	6, 800.		6, 800.	
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion ~ ~ ~ ~ ~	25, 768.	7, 706.		18, 062.
13 Office expenses ~ ~ ~ ~ ~	4, 316.		4, 316.	
14 Information technology ~ ~ ~ ~ ~				
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	43, 800.	10, 950.	21, 900.	10, 950.
17 Travel ~ ~ ~ ~ ~	56, 674.	28, 547.	16, 469.	11, 658.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~	12, 220.		12, 220.	
23 Insurance ~ ~ ~ ~ ~	27, 994.		27, 994.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENTS	301, 762.	85, 563.		216, 199.
b PROGRAM EXPENSES	71, 901.	71, 901.		
c POSTAGE & DELI VERY	52, 336.	12, 384.	31, 283.	8, 669.
d COMPUTER	33, 959.		33, 959.	
e All other expenses _____	130, 596.	46, 423.	55, 833.	28, 340.
25 Total functional expenses. Add lines 1 through 24e	3, 532, 701.	2, 725, 507.	376, 742.	430, 452.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~	196, 817.	1	317, 933.
	2	Savings and temporary cash investments ~ ~ ~ ~ ~		2	
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~	780, 967.	3	373, 555.
	4	Accounts receivable, net ~ ~ ~ ~ ~		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ~ ~ ~ ~ ~		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ~ ~ ~ ~ ~		6	
	7	Notes and loans receivable, net ~ ~ ~ ~ ~		7	
	8	Inventories for sale or use ~ ~ ~ ~ ~		8	
	9	Prepaid expenses and deferred charges ~ ~ ~ ~ ~		9	36, 073.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~ ~ ~	10a 96, 651.		
	b	Less: accumulated depreciation ~ ~ ~ ~ ~	10b 25, 539.		
	11	Investments - publicly traded securities ~ ~ ~ ~ ~	81, 524.	10c	71, 112.
	12	Investments - other securities. See Part IV, line 11 ~ ~ ~ ~ ~		11	
	13	Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~		12	
	14	Intangible assets ~ ~ ~ ~ ~		13	
	15	Other assets. See Part IV, line 11 ~ ~ ~ ~ ~	49, 291.	14	22, 457.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1, 108, 599.	15	821, 130.	
Liabilities	17	Accounts payable and accrued expenses ~ ~ ~ ~ ~	156, 345.	16	7, 245.
	18	Grants payable ~ ~ ~ ~ ~		17	
	19	Deferred revenue ~ ~ ~ ~ ~		18	
	20	Tax-exempt bond liabilities ~ ~ ~ ~ ~		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~ ~ ~		20	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ~ ~ ~ ~ ~		21	
	23	Secured mortgages and notes payable to unrelated third parties ~ ~ ~ ~ ~		22	
	24	Unsecured notes and loans payable to unrelated third parties ~ ~ ~ ~ ~		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~ ~ ~ ~ ~	8, 806.	24	25, 888.
	26	Total liabilities. Add lines 17 through 25	165, 151.	25	33, 133.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets ~ ~ ~ ~ ~	943, 448.	26	787, 997.
	28	Temporarily restricted net assets ~ ~ ~ ~ ~		27	
	29	Permanently restricted net assets ~ ~ ~ ~ ~		28	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds ~ ~ ~ ~ ~		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund ~ ~ ~ ~ ~		30	
	32	Retained earnings, endowment, accumulated income, or other funds ~ ~ ~ ~ ~		31	
33	Total net assets or fund balances ~ ~ ~ ~ ~	943, 448.	32	787, 997.	
34	Total liabilities and net assets/fund balances	1, 108, 599.	33	821, 130.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	1	3,377,250.
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	3,532,701.
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	-155,451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~ ~ ~ ~ ~	4	943,448.
5	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	5	
6	Donated services and use of facilities ~ ~ ~ ~ ~	6	
7	Investment expenses ~ ~ ~ ~ ~	7	
8	Prior period adjustments ~ ~ ~ ~ ~	8	
9	Other changes in net assets or fund balances (explain in Schedule O) ~ ~ ~ ~ ~	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	787,997.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ ~ ~ ~ ~		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **EZER MI ZI ON** Employer identification number **13- 3660421**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations ~ ~ ~ ~ ~

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~ ~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~ ~ ~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 ~ ~ ~ ~ ~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~ ~ ~ ~						
c Add lines 10a and 10b ~ ~ ~ ~ ~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~ ~ ~ ~ ~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~ ~ ~ ~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 ~ ~ ~ ~ ~	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <i>Part VI</i> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <i>Part VI</i> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <i>Part VI</i> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <i>Part VI</i> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <i>Part VI</i> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <i>Part VI</i> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <i>Part VI</i> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <i>Part VI</i> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <i>Part VI</i> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <i>Part VI</i> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <i>Part VI</i> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

EZER MI ZI ON

Employer identification number

13- 3660421

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ | \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization EZER MI ZI ON	Employer identification number 13- 3660421
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>100, 000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>125, 000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>250, 000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>100, 000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>195, 933.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>120, 000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization EZER MI ZI ON	Employer identification number 13- 3660421
--	--

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>194,328.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>180,000.</u>	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization EZER MI ZI ON	Employer identification number 13- 3660421
--	--

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization EZER MI ZI ON	Employer identification number 13- 3660421
--	--

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) | \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: EZER MI ZI ON; Employer identification number: 13-3660421

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ~~~~~ Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance ~~~~~ | 1c |
| d Additions during the year ~~~~~ | 1d |
| e Distributions during the year ~~~~~ | 1e |
| f Ending balance ~~~~~ | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ~~~~~ Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance ~~~~~					
b Contributions ~~~~~					
c Net investment earnings, gains, and losses					
d Grants or scholarships ~~~~~					
e Other expenditures for facilities and programs ~~~~~					
f Administrative expenses ~~~~~					
g End of year balance ~~~~~					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment | _____%
 - b Permanent endowment | _____%
 - c Temporarily restricted endowment | _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | Yes | No |
|--|--------|-----|----|
| (i) unrelated organizations ~~~~~ | 3a(i) | | |
| (ii) related organizations ~~~~~ | 3a(ii) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ~~~~~ | 3b | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land ~~~~~				
b Buildings ~~~~~				
c Leasehold improvements ~~~~~				
d Equipment ~~~~~		25,253.	13,114.	12,139.
e Other		71,398.	12,425.	58,973.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				71,112.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~ ~ ~ ~ ~		
(2) Closely-held equity interests ~ ~ ~ ~ ~		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDI T CARD PAYABLE	25, 888.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) 25, 888.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

EZER MI ZI ON

Employer identification number

13- 3660421

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~ ~ Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST		2	PROGRAM SERVICES	MEDICAL ASSISTANCE TO THE NEEDY	2,054,983.
3 a Sub-total ~ ~ ~ ~ ~	0	2			2,054,983.
b Total from continuation sheets to Part I ~ ~ ~	0	0			0.
c Totals (add lines 3a and 3b)	0	2			2,054,983.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	THE GRANTS WERE ISSUED TO SUPPORT EZER MZION ISRAEL WITH THEIR MANY	1,467,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	TO DEVELOP SOFTWARE FOR INDIVIDUALS WHO CAN ONLY COMMUNICATE WITH THEIR EYES	182,295.		0.		
		MIDDLE EAST AND NORTH AFRICA	TO ASSIST AMUDEI OLAM IN THEIR WORK OF SUPPORTING FAMILIES OF THE ILL AAND	360,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~~~~~ | _____

3 Enter total number of other organizations or entities | _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ~ ~ ~ ~ ~ Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ~ ~ ~ ~ ~ Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ~ ~ ~ ~ ~ Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ~ ~ ~ ~ ~ Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ~ ~ ~ ~ ~ Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ~ ~ ~ ~ ~ Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION REQUESTS PERIODICAL FINANCIAL STATEMENTS FROM THE RECIPIENT ORGANIZATIONS. BOARD MEMBERS SPEND A SUBSTANTIAL AMOUNT OF TIME ABROAD; THEY VISIT THE FOREIGN RECIPIENTS ON NUMEROUS OCCASIONS IN ORDER TO SEE FIRST HAND THAT THE ORGANIZATION'S GOALS ARE BEING MET.

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: THE GRANTS WERE ISSUED TO SUPPORT EZER MZI ON ISRAEL WITH THEIR MANY PROJECTS INCLUDING: BONE MARROW REGISTRY, GENERAL SUPPORT FOR THE ILL AND INFIRM, VOLUNTEER RETENTION PROGRAMS

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TO ASSIST AMUDEI OLAM IN THEIR WORK OF SUPPORTING FAMILIES OF THE ILL AAND HANDICAPPED.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

| Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

EZER MI ZI ON

Employer identification number

13- 3660421

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~ Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | _____

3 Enter total number of other organizations listed in the line 1 table | _____

Name of the organization

EZER MI ZI ON

Employer identification number

13- 3660421

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHALLENGES SUCH AS CANCER AND TO THE ELDERLY, HANDICAPPED AND CHILDREN
WITH SPECIAL NEEDS SO AS TO EMPOWER AND ASSIST SUCH INDIVIDUALS IN
MAINTAINING INDEPENDENCE, RESTORING FUNCTION, PRESERVING DIGNITY AND
IMPROVING QUALITY OF LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MARROW TRANSPLANT. PROMOTES AWARENESS OF THE BONE MARROW REGISTRY.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - THE BOARD IS PRESENTED WITH A COPY OF THE PROPOSED
TAX RETURN FOR REVIEW, DISCUSSION AND APPROVAL PRIOR TO IT BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR EVERY DIRECTOR, OFFICER AND KEY EMPLOYEE IS REQUIRED TO REVIEW
THE ORGANIZATION'S COI POLICY AND COMPLETE AND SIGN A DISCLOSURE TO
DISCLOSE ANF COI AND CERTIFY THEIR COMPLIANCE WITH THE POLICY

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS SALARIES OF OTHER SIMILAR POSITIONS IN THE INDUSTRY AND
DISCUSSIONS WITH SIMILAR POSITIONS WITH OTHER ORGANIZATIONS.
THE ORGANIZATION HAS ADOPTED A COMPENSATION POLICY WHICH IS COMPLIANT WITH
THE STANDARDS AND REQUIREMENTS (I) AS REFERENCED IN IRS FORM 1023 AND 990;
AND (II) THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW AS REVISED BY THE
NONPROFIT REVI TALAZATI ON ACT OF 2013, EFFECTIVE JULY 1, 2014. AT PRESENT,
THE ORGANIZATION HAS NO APPLICABLE OFFICER OR KEY EMPLOYEE.

Name of the organization EZER MI ZI ON	Employer identification number 13- 3660421
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FORM 990, PART VI, SECTION C, LINE 19:

POLICIES ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE OR BY
MAIL.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EZER MI ZI ON

FORM 990 PAGE 10

13-3660421

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: 500,000. Line 3: 2,010,000. Line 13: 9. Line 17: 11,822.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 rows for Part II. Line 14, 15, 16.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 11,822.

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 12-year and 40-year.

Part IV Summary (See instructions.)

Table with 2 rows for Part IV. Line 21: 12,220. Line 23.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with columns (a) through (f) Vehicle. Includes rows 30-36 regarding miles driven and personal use availability.

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

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

Table with columns Yes No. Includes rows 37-41 regarding policy statements and vehicle use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

| File a separate application for each return.

| Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. EZER MI ZI ON	Employer identification number (EIN) or 13- 3660421
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5225 NEW UTRECHT AVE.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11219	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

EZER MI ZI ON

¥ The books are in the care of | **5225 NEW UTRECHT AVE. - BROOKLYN, NY 11219**

Telephone No. | **(718) 853- 8400** Fax No. | _____

¥ If the organization does not have an office or place of business in the United States, check this box ~ ~ ~ ~ ~ |

¥ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

| calendar year **2016** or
| tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.