# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2023 calend	ar year, or tax year beginning , 2023, and endi	ng		, 20	
<b>B</b> c	heck if ap	pplicable:	C Name of organization	D Emp	loyer ider	ntification number	
	Address change HOSANNA MINISTRIES INTERNATIONAL INC 84				-32088	380	
<u> </u>	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele					nber	
=	nitial retu		44358 HEMPLAND DR	57	5713151360		
=	Inai retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Gro	up Exem	ption	
=		on pending	ASHBURN, VA 20147-0000	Nu	mber		
G A	ccount	ting Method:	X Cash ☐ Accrual Other (specify):	H Check	if the o	organization is <b>not</b>	
I W	/ebsite	»: N/A				ch Schedule B	
J Ta	ax-exen	npt status (che	eck only one) $-$ 🗵 501(c)(3) $\square$ 501(c) ( ) (insert no.) $\square$ 4947(a)(1) or $\square$ 527	(Form 9	990).		
KF	orm of	organization:	▼ Corporation				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i				
(Par	t II, col	umn (B)) are S	500,000 or more, file Form 990 instead of Form 990-EZ		. \$	64,725.	
Pá	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions f	or Part I)	
		Check if	the organization used Schedule O to respond to any question in this P	art I		🗵	
	1	Contribution	ons, gifts, grants, and similar amounts received		1	64,725.	
	2	Program s	ervice revenue including government fees and contracts		2		
	3	Membersh	ip dues and assessments		3		
	4	Investment			4		
	5a	Gross amo	unt from sale of assets other than inventory 5a				
	b		or other basis and sales expenses				
	С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c		
	6	•	d fundraising events:				
Φ	а		ome from gaming (attach Schedule G if greater than				
Ž	_	•	6a				
Revenue	b		me from fundraising events (not including \$ of contril	outions			
ď			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000)   6b				
	_		-		-		
	c d		t expenses from gaming and fundraising events <u>6c </u> e or (loss) from gaming and fundraising events (add lines 6a and 6b and	d subtract	-		
	u	line 6c)	e of (1055) from garriing and fundraising events (add lines of and ob and	Subtract	6d		
	7a	,	s of inventory, less returns and allowances		ou		
	b		of goods sold		+		
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
	8		nue (describe in Schedule O)		8		
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	64,725.	
	10		I similar amounts paid (list in Schedule O)		10	,	
	11		aid to or for members		11		
Š	12		ther compensation, and employee benefits		12		
nse	13		al fees and other payments to independent contractors		13		
Expenses	14		/, rent, utilities, and maintenance		14		
Щ	15	Printing, publications, postage, and shipping					
	16					80,462.	
_	17		enses. Add lines 10 through 16		17	80,462.	
Ŋ	18	Excess or	deficit) for the year (subtract line 17 from line 9)		18	-15,737.	
set	19		or fund balances at beginning of year (from line 27, column (A)) (must a				
Net Assets			r figure reported on prior year's return)		19	21,380.	
let	20	Other char	ges in net assets or fund balances (explain in Schedule O)		20		
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		21	5,643.	

Page 2

Pa	rt II Balance Sheets (see the instructions	,				
	Check if the organization used Schedul	e O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year	<del></del>	B) End of year
22	Cash, savings, and investments			21,380.	22	5,643.
23 24	Land and buildings				23	
25	Total assets			21,380.	25	5,643.
26	Total liabilities (describe in Schedule O)			21,300.	26	3,043.
27	Net assets or fund balances (line 27 of colum			21,380.	27	5,643.
Par	t III Statement of Program Service Accor					•
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	See Part III	Stmt			ired for section )(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	lishments for each o	f its three largest p	orogram services,	organ	izations; optional for
as n	neasured by expenses. In a clear and concise r	manner, describe the			other	s.)
	ons benefited, and other relevant information for e	each program title.				
28	CHARITABLE ACTIVITES					
	(Grants \$ 0. ) If this amoun	t includes foreign gra	ents check here		28a	0.
29	(Crans 4 ) It this amount	t includes foreign gra	ints, check here .	· · · · <u> </u>	20a	0.
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .		29a	
30						
	72					
04	<u> </u>	t includes foreign gra			30a	
31	Other program services (describe in Schedule O) (Grants \$ ) If this amoun	t includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	0.
	t IV List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedul					🗀
			(c) Reportable	(d) Health benefits,		·
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ	ee <b>(e)</b> E	stimated amount of
	(a) rame and the	devoted to position	1099-NEC)	deferred compensation	01	her compensation
			(if not paid, enter -0-)			
	ABHAKAR KANAPALA		10 500			0
TRE	CASURER	4.00	10,700	. 0	•	0.
					+	
					$\top$	
_				<u> </u>		
					$\perp$	

Part V

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			×
	modulations for Fair Vij anabit in the argumentation about actions and a to any quadrior in this	, a.c	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34 35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	350		
	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
~	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	10.0		
·	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed:			
42a	· ·	1)31	5-13	60
	Located at: 44358 HEMPLAND DR, ASHBURN VA ZIP + 4 2014 At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401-	Yes	
	If "Yes," enter the name of the foreign country:	42b		×
	<u> </u>			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44-	163	
-	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	154		
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	15h		~

									Yes	No
46		organization engage, directly or in								
Dow		lidates for public office? If "Yes," o		Part I				46		×
Part '		ection 501(c)(3) Organizations Il section 501(c)(3) organization		stions 17 10h an	d 52 and a	omploto th	o tabl	oc fo	vr line	20
		and 51.	s must answer que	5110115 47 -43D att	u Jz, anu c	omplete tri	e tabi	C3 IC	יווו וכ	50
		heck if the organization used Scl	nedule O to respond	to any question in	this Part V	ı				
		nook ii tiio organization adda coi	Todalo o to respond	to any quodion ii	T tillo T alt V		• •	<del></del>	Yes	No
47	Did the	organization engage in lobbying	activities or have a s	section 501(h) elec	tion in effec	t during the	tax			
		"Yes," complete Schedule C, Par					. [	47		×
48	Is the o	rganization a school as described ir	n section 170(b)(1)(A)(ii	)? If "Yes," complet	e Schedule E					×
49a		organization make any transfers to					. [	49a		×
b		" was the related organization a se						49b		
50		ete this table for the organization's								d key
	employ	ees) who each received more than	\$100,000 of compen	· · · · · · · · · · · · · · · · · · ·	_		e, ente	er "No	one."	
			(b) Average	(c) Reportable compensation		th benefits, as to employee	(e) Est	imated	d amou	ınt of
	( <b>a</b> ) Na	ame and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS	C/ benefit plan	s, and deferred			pensati	
DD 7 D				1099-NEC)	comp	ensation				
	HAKAR		40.00	,		0				0
PRAB	HAKAR		40.00		0.	0.				0.
f		umber of other employees paid over								
51		ete this table for the organization'			nt contracto	rs who each	n recei	ved	more	than
	\$100,00	00 of compensation from the organ	nization. If there is noi	ne, enter "None."						
	(a) Na	ame and business address of each independ	lent contractor	<b>(b)</b> Type of s	ervice	(c	) Compe	nsatio	n	
NONE										
INOINE										
		·								
_	_									
		umber of other independent contra	-							
52		e organization complete Schedu	ıle A? <b>Note:</b> All se	ction 501(c)(3) or	-			V		
		ted Schedule A						Yes	<u> </u>	
		perjury, I declare that I have examined this recomplete. Declaration of preparer (other than					nowledg	e and	beliet,	it is
			,			3/23/2024	1			
Sign	S	signature of officer				<u>3 / 2 3 / 2 0 2 -</u> ate	1			
Here		PRABHAKAR KANAPALA, P	RESIDENT							
=.	T	ype or print name and title								
Daid	F	rint/Type preparer's name	Preparer's signature		Date	Check	if P	TIN		
Paid Prepa		SYAM PRIYA RAM SAGAR GUPT	'A SYAM PRIYA RAM S	SAGAR GUPTA	03/23/20			208	3270	3
Use (	_	irm's name GLOBAL TAXES I	LC			irm's EIN				
<b>5</b> 56 (		irm's address 245 ROONEY CT,	E BRUNSWICK,	NJ 08816	Р	hone no. (6	78)9			
May th	A IRS d	iscuse this return with the preparer	shown above? See i	netructions				Vac		٠١٠ _

Line 8: Other Revenue

## Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

**Continuation Statement** 

Description	Amount
BANK CHARGES	
FOOD	
GROCERIES	
HOTEL	
INDIAN OUTSOURCING PAYMENTS	
POSTAGE	
TAX FILING CHARGES	
TRAVEL	
WEBSITE	

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

**Continuation Statement** 

Description	Amount
DONATIONS TO OTHER CHURCH	3,377.
BANK CHARGES	
CLOTHES	
DEPARTMENT	
DUES AND SUBSCRIPTIONS	
FOOD	212.
GROCERIES	7,254.
HOTEL	2,121.
INDIAN OUTSOURCING PAYMENTS	
MISCELLENOUS	
MOBILE	
OFFICE MAINTENANCE	1,320.
PARKING	
POSTAGE	453.
REPAIRS AND MAINTENANCE	
DONATION REPAID	25,435.
TAX FILING CHARGES	
TRAVEL	
WEBSITE	488.
PRABHAKAR KANAPALA	10,700.
PROFESSIONAL	29,102.
Total	80,462.

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose Continuation Statement

Organization's Primary Exempt Purpose					
THE OBJECTIVE OF ORGANISATION IS TO DO					
CHARITABLE ACTIVITIES					

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

lame	ame of the organization Employer identification number							
	OSANNA MINISTRIES INTERNATIONAL INC 84-3208880							
Par	t I	Reason for Public Char	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.
The c	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of church					0(b)(1)(A)(i).	
2		A school described in <b>section</b>		·	-			
3		A hospital or a cooperative hos						(!!!) F-44
4	Ш	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)(	(III). Enter the
5		An organization operated for t		college or university	owned o	r operate	ad by a government	al unit described in
,		section 170(b)(1)(A)(iv). (Comp	olete Part II.)			·		ai unit described ii
6		A federal, state, or local govern	•					
7		An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	the general public
8		A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi						
		or university or a non-land-gra	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
		university:	74	H001 0/ -f:h-				
10	Ш	An organization that normally r receipts from activities related	eceives (1) more to its exempt fui	e tnan 331/3% of its su nctions. subiect to ce	pport troi rtain exce	m contrib eptions: a	outions, membership and (2) no more than	tees, and gross 331/3% of its
		support from gross investment	income and unr	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
44		acquired by the organization a An organization organized and		•		•	•	
11 12		An organization organized and	•	•	-			out the nurneese
12	ш	one or more publicly supported						
		the box on lines 12a through 12	•				` '` '	` '` '
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization						
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of				persons	that control or mana	age the supported
		organization(s). You must	-	•				
С		Type III functionally integ its supported organization(						ally integrated with,
		`	, ,	· ·		-		
d		Type III non-functionally i that is not functionally integ						
		requirement (see instruction						u an attentiveness
е		☐ Check this box if the organ	,	•		-		all Type III
·		functionally integrated, or T						e ii, Type iii
f	Е	nter the number of supported o						
g		rovide the following informatior	•	orted organization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))	listed in you docur	ir governing nent?	support (see instructions)	other support (see instructions)
				asere (eee mendenens))				
					Yes	No		
<b>(A)</b>								
<b>B</b> )								
C)								
D)								
-,								
E)								

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . % 14 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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	<b>Total.</b> 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				<u>                                     </u>		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		l	T	I	1	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on 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 5 years. If the Form 990 is for the	-			_		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 (6)		45	0/
15 16	Public support percentage for 2023 (line 8 Public support percentage from 2022 Sch		•				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2023 (			ov line 13 colu	ımn (f))	17	%
18	Investment income percentage from 2022			-			
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2023. If the organ						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organiz		_	-		_	_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_				

#### **Supporting Organizations** Part IV

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

### S

-	on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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 Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on 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 <b>Part VI</b> .	9c		
l0a	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 line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			ı
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity</li> </ul>	(see ir	nstruci	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 <b>Part VI identify</b> 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 on line 2a, above, 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 <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .  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? <i>If "Yes" or "No," provide details in Part VI</i> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional (see instructions)	ally i	integrated Type III suppor	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 . . . . . From 2019 **c** From 2020 **d** From 2021 . . . . . **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer identification number** Name of the organization HOSANNA MINISTRIES INTERNATIONAL INC 84-3208880 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

Employer identification number HOSANNA MINISTRIES INTERNATIONAL INC 84-3208880

Part I	Contributors (see instructions). Use duplicate cor	pies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRABHAKAR KANAPALA  44358 HEMPLAND DR  ASHBURN VA 20147	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
HOSANNA MINISTRIES INTERNATIONAL INC

Employer identification number
84-3208880

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

Schedule B (Form 990) (2023)

**Employer identification number** 

84-3208880 HOSANNA MINISTRIES INTERNATIONAL INC 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 information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift `from Part I (b) Purpose 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 (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 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

# SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

internal Revenue Service	Go to www.irs.gov/Forms90 for the latest information.	Inspection
Name of the organization		Employer identification number
HOSANNA MINIST	RIES INTERNATIONAL INC	84-3208880
Pt V, Line 44d	: NONE	
Pt I, Line 8:		
Description:	BANK CHARGES 0	
Description:	FOOD 0	
Description:	GROCERIES 0	
<del>_</del>		
Description:	HOTEL 0	
Description:	INDIAN OUTSOURCING PAYMENTS 0	
Description:	POSTAGE 0	
Description:	TAX FILING CHARGES 0	
Descripcion	TAX TIDING CIRROLD 0	
Description:	TRAVEL 0	
Description:	WEBSITE O	
Description:	WEBSITE 0	
Pt I, Line 16:		
Dogarintion	DONATIONS TO OTHER CHURCH \$3,377	
Description:	DONALIONS TO OTHER CHURCH \$3,377	
Description:	BANK CHARGES 0	
Dogavintion	OI OTHER O	
Description:	CLOTHES 0	
Description:	DEPARTMENT 0	
D	DIVID AND GUDGGDIDETONG O	
Description:	DUES AND SUBSCRIPTIONS 0	
Description:	FOOD \$212	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Description:	GROCERIES \$7,254	
Description:	HOTEL \$2,121	
Description:	INDIAN OUTSOURCING PAYMENTS 0	
Description:	MISCELLENOUS 0	
Description:	MOBILE 0	
Description:	OFFICE MAINTENANCE \$1,320	
Description:	PARKING 0	

Name of the organization	Employer identification number
HOSANNA MINISTRIES INTERNATIONAL INC	84-3208880
Description: POSTAGE \$453	
Description: REPAIRS AND MAINTENANCE 0	
Description: DONATION REPAID \$25,435	
Description: TAX FILING CHARGES 0	
Description: TRAVEL 0	
Description: WEBSITE \$488	
Description: PRABHAKAR KANAPALA \$10,700	
Description: PROFESSIONAL \$29,102	

### **Eorm 8879-TE**

## **IRS E-file Signature Authorization** for a Tax Exempt Entity

OMB No.	1545-0047

Department of the Treasury

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_ Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 84-3208880 HOSANNA MINISTRIES INTERNATIONAL INC Name and title of officer or person subject to tax PRABHAKAR KANAPALA, PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **Form 990** check here . . . . **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . 1b Form 990-EZ check here . . X **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . 3a Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . **Form 8868** check here . . . . 5b Form 990-T check here . . . **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . . . **b FMV** of assets at end of tax year (Form 5227, Item D) . . . . **Form 5330** check here . . . □ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . 9h 9a 10a Form 8038-CP check here . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature **ERO** firm name Enter five numbers, but on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🖾 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 03/23/2024 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2 2 4 9 6 0 8 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 03/23/2024 ERO's signature ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

## Additional Information From 2023 Federal Exempt Tax Return

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 1 Itemization Statement

Description	Amount
DONATIONS TO CHRUCH	1,927.
DONATIONS RECEIVED	60,806.
GROCERIES	1,992.
Total	64,725.