EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change EZRA INTERNATIONAL Name change 91-1746258 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 352-394-4673 1615 SWEETWOOD DRIVE 2,199,588. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 32935 MELBOURNE, FL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GARY CRISTOFARO for subordinates? Yes X No 1615 SWEETWOOD DRIVE, MELBOURNE, FL **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions HTTPS://EZRAINTERNATIONAL.ORG/ H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1996 M State of legal domicile: FL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO BUILD A NETWORK OF WORLDWIDE **Activities & Governance** CONNECTIONS TO FULFILL A CALL TO DO THE WORK OF THE LORD. 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 3,322,418. 2,193,019. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 6,569. 1.827. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 3,324,245 2,199,588 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,069,475. 2,049,333. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 297,945. 248,549. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 288,342. 199,964. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,655,762. 2,497,846. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 668,483. -298,258. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,824,236. 2,520,604. Total assets (Part X, line 16) 12,580. 7,206. 21 Total liabilities (Part X, line 26) 三年 2,811,656. 2,513,398 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign GARY CRISTOFARO, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01409848 Paid NIKOLE WELLS, CPA self-employed Firm's name AIKEN & SANDERS INC PS Firm's EIN 91-0870697 Preparer Firm's address 324 S MAIN ST UNIT A Use Only Phone no. 360-533-3370 MONTESANO, WA 98563-4502 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF EZRA INTERNATIONAL, INC. IS TO BUILD A NETWORK OF
	WORLDWIDE CONNECTIONS TO FULFILL A CALL TO DO THE WORK OF THE LORD.
	THE AGENCY IS DEDICATED TO SUPPORTING THE RETURN OF JEWISH PEOPLE TO
	THE STATE OF ISRAEL (ALIYAH). ITS FIVEFOLD MISSION STRIVES TO 1)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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, 122, 545. including grants of \$1, 851, 219.) (Revenue \$)
	ALIYAH: PROVIDES SUPPORT IN HELPING JEWS RETURN TO ISRAEL BY PERFORMING
	AND DOCUMENTING ANCESTRY RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE
	TRANSPORTATION TO THE ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH
	THE PAPERWORK FOR AN INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC
	SUPPLIES DURING THE MONTHS BEFORE THE DEPARTURE FOR ISRAEL, AND
	ORGANIZE SUPPORT ONCE THE MOVE TO ISRAEL HAS BEEN MADE.
4b	(Code:) (Expenses \$ 198,114. including grants of \$) (Revenue \$)
710	CHILDREN'S PROGRAM: PROVIDES THERAPY, SUPPORT, AND TEMPORARY LIVING
	QUARTERS FOR ABUSED CHILDREN.
	<u> </u>
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,320,659.
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Form 990 (2023) EZRA INTERNATIONAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa	- 21	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	, , ,	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	\vdash
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		7.7	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_X_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	Х	
				-

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Part IV	Checklist of Required Schedules	(continued)

	·		Yes	No
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	22		_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			l
	Schedule J	23		<u>X</u>
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			l
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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	5			•

Form 990 (2023) EZRA INTERNATIONAL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	7b		
С				7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		- 21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b		ızd		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
4-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	

Form **990** (2023)

EZRA INTERNATIONAL 91-1746258 Form 990 (2023) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 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? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure

exempt status with respect to such arrangements?

17 List the states with which a copy of this Form 990 is required to be filed AL ,	, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
--	--

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on 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.

taxable entity during the year?

b 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 352-394-4673

1615 SWEETWOOD DRIVE, MELBOURNE, FL 32935

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2023)

Х

16a

16b

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r		orga	niza			nper	sate		irector, or trustee.	-
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per		(do not check more than one box, unless person is both an officer and a director/trustee) Officer and logicer and a director/trustee officer and a director officer a			compensation	compensation	amount of		
	week (list any	\vdash			from the	from related organizations	other compensation			
	hours for	direct				organization	(W-2/1099-MISC/	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tr		oyee	om pe		1099-NEC)		and related
	below	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GARY CRISTOFARO	line) 40.00	ᆵ	<u> </u>	#	Ke	불통	굔			
VP/SECRETARY/TREASURER	40.00	x		Х				67,150.	0.	0.
(2) BRUCE ELLIOT	10.00	125				\vdash		07,130.	•	•
DIRECTOR		х						0.	0.	0.
(3) MICHAEL UTTERBACK	5.00									
DIRECTOR		Х						0.	0.	0.
(4) PATRICIA FRAME	40.00									
PRESIDENT		Х		Х				0.	0.	71,504.
(5) ANNE ELLIOT	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) KATHY MARDISON	5.00	J								
DIRECTOR	 	Х				_		0.	0.	0.
(7) JAN FRANS MIDDELHOEK	5.00	ļ								
DIRECTOR		Х				├		0.	0.	0.
		1								
		1								
		1								
						<u> </u>				
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Form 990 (2023)

Form 990 (2023) EZRA INTI	ERNATION	IAL	ı						91-17	4625	8 Ра	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(A) (B) (C) (D) (E)										(F) Estimate amount of other of the repensation of the reganization dependence of the reganization of the	of tion e ion ed
				0	×							
1b Subtotal								67,150.			71,50	
c Total from continuation sheets to Part VI								0. 67,150.		0.	71,50	0. n4
d Total (add lines 1b and 1c) Total number of individuals (including but n								•	000 of reportable		11,5	0
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			Х
5 Did any person listed on line 1a receive or a	accrue comper	satio	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers:	on .				5		X
Complete this table for your five highest co the organization. Report compensation for										ensation	from	
(A) Name and business			ONE					(B) Description of s			(C) pensation	n
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	•				C					Forr	n 990 (2	2023)

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|--|

			Check if Schedule O contains	a response o	or note to anv lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			-			
S S			Fundraising events			1			
fts,			Related organizations			-			
ij gi									
ons,			Government grants (contributions)						
utic		T	All other contributions, gifts, grants, an		102 010				
ĕ			similar amounts not included above		193,019.	-			
ont		-	Noncash contributions included in lines 1a-1f			2,193,019.			
O g		n	Total. Add lines 1a-1f			2,193,019.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
S		С							
ran Sev		d							
.0g		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divid	dends, intere	st, and				
			other similar amounts)			1,569.			1,569.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7		` ' <u> </u>	Securities	(ii) Other				
			assets other than inventory 7a		5,000.				
		b	Less: cost or other basis		·				
<u>o</u>		_	and sales expenses 7b		0.				
her Revenue		c	Gain or (loss) 7c		5,000.				
ě			Net gain or (loss)		-	5,000.	5,000.		
푸	٥		Gross income from fundraising events			3,0001	3,000		
O th	Ü	u	including \$	·					
١			contributions reported on line 1c).						
			•						
		L	Part IV, line 18						
			Less: direct expenses						
	_		Net income or (loss) from fundrais						
	9	а	Gross income from gaming activit	I					
			Part IV, line 19			-			
			Less: direct expenses						
			Net income or (loss) from gaming						
	10	а	Gross sales of inventory, less retu						
			and allowances	I					
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of	inventory					
<u>s</u>					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cel.		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,199,588.	5,000.	0.	1,569.

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Form **990** (2023)

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 12,500. 12,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 2,036,833. individuals. See Part IV, lines 15 and 16 2,036,833. Benefits paid to or for members Compensation of current officers, directors, 138,654. 138,654. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 102,032. 51,500. 50,532. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 7,863. 3,940. 3,923. 10 Payroll taxes Fees for services (nonemployees): 27,476. 15,900. 11,576. Management 5,500. 5,500. Legal 14,732. 14,732. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 52,000. 36,400. 15,600. column (A), amount, list line 11g expenses on Sch O.) 20,928. 4,935. 15,993. Advertising and promotion 12 14,378. 1,387. 10,159. 2,832. Office expenses 13 18,481. 17,521. 80. 880. Information technology 14 15 Royalties 5,676. 5,676. 16 Occupancy 14,371. 14,027. 344. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 6,722. 6,722. Depreciation, depletion, and amortization 22 3,892. 2,696. 1,196. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 12,428. 4,600. 7,828. BANK SERVICE CHARGES 2,749. 1,641. DUES & SUBSCRIPTIONS 1,108. 501. 501. REPAIRS & MAINTENANCE 130. 130. LICENSES & PERMITS e All other expenses 2,497,846. 2,320,659. 141,882. 35,305. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,812,494.	1	2,506,043
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				1,238.	9	1,129
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	41,668.			
	b	Less: accumulated depreciation	. 10b	31,452.	7,288.	10c	10,216
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	3,216.	15	3,216		
	16	Total assets. Add lines 1 through 15 (must ed	2,824,236.	16	2,520,604		
	17	Accounts payable and accrued expenses	12,580.	17	7,206		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			21		
ູ	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
ᅙ		controlled entity or family member of any of th				22	
Ĕ	23	Secured mortgages and notes payable to unre	lated thi			23	
	24	Unsecured notes and loans payable to unrelat	ed third	arties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X			
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			12,580.	26	7,206
		Organizations that follow FASB ASC 958, cl	neck her	X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			2,248,816.	27	2,295,729
Bal	28	Net assets with donor restrictions			562,840.	28	217,669
밀		Organizations that do not follow FASB ASC					
ᇎᅵ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
set;	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,811,656.	32	2,513,398
-	33	Total liabilities and net assets/fund balances			2,824,236.	33	2,520,604

Pa	rt 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	2,19	9,5	<u>88.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,49	7,8	<u>46.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-29		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,81	1,6	<u>56.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,51	3,3	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

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SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization EZRA INTERNATIONAL 91-1746258 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	ction A. Public Support	<u>``</u>	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2639640.	2138994.	2259377.	3322418.	2198019.	12558448.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2639640.	2138994.	2259377.	3322418.	2198019.	12558448.
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)						2674009.
6	Public support. Subtract line 5 from line 4.						9884439.
	etion B. Total Support						7001137.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2639640.	2138994.	2259377.	3322418.		12558448.
	Gross income from interest,	2033040.	2130334.	22333776	3322410.	2130013.	12330110.
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties,	40.	51.	80.	12.	1,012.	1,195.
_	and income from similar sources	40.	21.	80.	14.	1,012.	1,193.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4 202	E 4 17	41 407	1 015		40 700
	assets (Explain in Part VI.)	4,383.	547.	41,487.	1,815.	557.	
	Total support. Add lines 7 through 10						12608432.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-		•			
	organization, check this box and stor						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					14	78.40 %
	Public support percentage from 2022					15	75.21 <u>%</u>
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

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.)

(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(4) = 0.0	(3) 2323	(6) 262 :	(4,) = 3 = 2	(0) = 0 = 0	(1) 1010
e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
<u></u>	<u></u>	·····	<u></u>		
Support Per	centage				
ne 8, column (f), d	livided by line 13, o	column (f))		15	
Schedule A, Part	III, line 15			16	
23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
2022 Schedule A,	Part III, line 17			18	
organization did r				33 1/3%, and line 1	7 is not
organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	(a) 2019 (a) 2019 (a) 2019 (b) Comport Perme 8, column (f), do Schedule A, Part trment Income 23 (line 10c, column 22 Schedule A, organization did red stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here.	(a) 2019 (b) 2020 (a) 2019 (b) 2020 (b) 2020 (c) Support Percentage (c) Support Percentage (c) Schedule A, Part III, line 15 (c) Iment Income Percentage (c) Golumn (f), divided by line 13, companization did not check the box of the stop here. The organization quality organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and	e organization's first, second, third, fourth, or fifth tax e Support Percentage ne 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Iment Income Percentage 23 (line 10c, column (f), divided by line 13, column (f)) 1022 Schedule A, Part III, line 17 organization did not check the box on line 14, and line d stop here. The organization qualifies as a publicly sorganization did not check a box on line 14 or line 19a ck this box and stop here. The organization qualifies as	e organization's first, second, third, fourth, or fifth tax year as a section of the second of the s	(a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 e organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization Support Percentage 15 (Schedule A, Part III, line 15 (16) (16) (16) (16) (16) (16) (16) (16)

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 **Part VI** 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 lines 3b and 3c 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 **Part VI** 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 Part VI 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 **Part VI** 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 Part VI 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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 Part VI.
- 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).
- 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).
- 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 Part VI.
- **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 **Part VI.**
- c 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 Part VI.
- 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 line 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.)

Yes No	
1	_
2	_
3a	_
3b	_
3c	_
4a	
4b	
4c	
F	
5a	
- Eh	
5b 5c	_
50	
6	
7	
8	
9a	_
9b	_
9c	_
10a	
10b 10b 200	_

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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 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 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			110
	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		
Sec	tion 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		163	140
•	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			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
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 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 Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion 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 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 governmental entity (see in	struction		N
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 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 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			
	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 lines 3a and 3b below.			
а	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? If "Yes" or "No" 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		

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 have if the current year is the expenization's first as a non-functionally i	ntoaro	tad Type III aupporting argor	nization (ago

」Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
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.

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

OMB No. 1545-0047 Inspection

Name of the organization

EZRA INTERNATIONAL

Employer identification number 91-1746258

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 	
	chedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, o	r Other:	Similar A	ssets	(contir	nued)	
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following that	t make sig	nificant use	of its			
	collection items (check all that apply).										
а	Public exhibition	C	t	Loan or exc	hange progra	am					
b	Scholarly research	6		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	ne organizatio	on's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be mai	ntained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements Comple	ete if the	organizatior	n answered "	Yes" on Fo	orm 990, Pa	art IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n, or other interme	diary for	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if t	he organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 10.					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d	d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1c	ı, column (a)) held as:	•					
а	Board designated or quasi-endowment		%		••						
b	Permanent endowment	%									
С	Term endowment 9	 6									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administer	red for the					
	organization by:	· ·								Yes	No
	(i) Unrelated organizations?								3a(i)		
	/m =								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme	ent									
	Complete if the organization answered	"Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990	, Part X, liı	ne 10.				
	Description of property	(a) Cost or o		` '	t or other (other)		cumulated eciation		(d) Boo	k value	е
1a	Land										
b	Buildings	I									
С	Leasehold improvements										
d	Equipment			4	1,668.		31,452	2.	1	0,2	16.
	Other										
	. Add lines 1a through 1e. (Column (d) must eq		X. line 1	Oc. column	(B))				10	0,2	16.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 EZRA INTERNA	ATIONAL	9	1-17 4 6258 Pag
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	E 000 D 1 1 1 1 1 1	14 O E 000 B 1 V II 10	
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	11d. 300 1 3111 300, 1 art X, iii 10.	(b) Book value
(1)	occompaion .		(D) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	12//		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(3)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2023

(8) (9)

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Sche	dule D (Form 990) 2023 EZRA INTERNATIONAL	91-	1746258 Page	e '
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	2,199,588	3.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			

b Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.) c Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.

2.199.

4c

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.

1	Total expenses and losses per audited financial statements	. 1	2,497,846.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,497,846.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,497,846.

| 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.

PART X, LINE 2:

THE AGENCY IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE AGENCY FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE AGENCY IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020. CURRENTLY, THERE IS NO EXAMINATION OR PENDING EXAMINATION WITH THE INTERNAL REVENUE SERVICE (IRS).

AS OF DECEMBER 31, 2023, THERE ARE NO TAX POSITIONS FOR WHICH THE

DEDUCTIBILITY IS CERTAIN BUT FOR WHICH THERE IS UNCERTAINTY REGARDING THE

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization **Employer identification number** 01_17/6259 ETDA THEFTHATATANT

EZKA INIEKNALIO				91-1/4023	
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
Form 990, Part IV					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
United States.					
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is r	eeded.)	
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent	gram services, investments, grants to		investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
RUSSIA & THE NEWLY			PROGRAM SERVICES. ALL	ALIYAH: PROVIDES SUPPORT	
INDEPENDENT STATES -			SERVICES PROVIDED BY	IN HELPING JEWS RETURN	
ARMENIA, AZERBIJAN,			INDEPENDENT ORGANIZATIONS	TO ISRAEL BY PERFORMING	
BELARUS,	10		WITH THEIR OWN OFFICE AND	AND DOCUMENTING ANCESTRY	1,436,843.
SOUTH AMERICA -			PROGRAM SERVICES. ALL	ALIYAH: PROVIDES SUPPORT	
ARGENTINA, BOLIVIA,			SERVICES PROVIDED BY	IN HELPING JEWS RETURN	
BRAZIL, CHILE,			INDEPENDENT ORGANIZATIONS	TO ISRAEL BY PERFORMING	
COLUMBIA, ECUADOR,	4		WITH THEIR OWN OFFICE AND	AND DOCUMENTING ANCESTRY	463,836.
EUROPE (INCLUDING			PROGRAM SERVICES. ALL	ALIYAH: PROVIDES SUPPORT	,
ICELAND & GREENLAND)			SERVICES PROVIDED BY	IN HELPING JEWS RETURN	
- ALBANIA, ANDORRA,			INDEPENDENT ORGANIZATIONS	TO ISRAEL BY PERFORMING	
AUSTRIA, BELGIUM	3		WITH THEIR OWN OFFICE AND	AND DOCUMENTING ANCESTRY	136,154.
NORTH AMERICA -					,
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	1		OPERATIONS OF ORGANIZATION.		0.
	_				-
•	18	0			2 026 022
3 a Subtotal	18	0			2,036,833.
b Total from continuation		_			_
sheets to Part I	0	0			0.
c Totals (add lines 3a	10	_			2 026 022
and 3b)	18	0			2,036,833.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2023

LHA 332071 11-29-23

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)
		RUSSIA & THE						
		NEWLY INDEPENDENT						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	68,300.	CASH EFT	0.		
		RUSSIA & THE						
		NEWLY INDEPENDENT						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	52,250.	CASH EFT	0.		
		RUSSIA & THE						
		NEWLY INDEPENDENT						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	101,600.	CASH EFT	0.		
		RUSSIA & THE						
		NEWLY INDEPENDENT						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	418,479.	CASH EFT	0.		
		RUSSIA & THE						
		NEWLY INDEPENDENT						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	508,300.	CASH EFT	0.		
		RUSSIA AND						
		NEIGHBORING						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	9,400.	CASH EFT	0.		
		RUSSIA & THE						
		NEWLY INDEPENDENT						
		STATES - ARMENIA,	TO SUPPORT ITS					
		AZERBIJAN,	CHILDREN'S PROGRAM.	198,114.	CASH EFT	0.		
		RUSSIA AND		,				
		NEIGHBORING						
			TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	18,800.	CASH EFT	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization 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

EZRA INTERNATIONAL

Part II Continu	ation of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organia	zation (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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,	TO SUPPORT ITS ALIYAH					
		CHILE, COLUMBIA,	PROGRAM.	120,669.	CASH EFT	0.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,	TO SUPPORT ITS ALIYAH					
		CHILE, COLUMBIA,	PROGRAM.	125,900.	CASH EFT	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	TO SUPPORT ITS ALIYAH					
		ALBANIA, ANDORRA,	PROGRAM.	67,754.	CASH EFT	0.		
		RUSSIA & THE						
		NEWLY INDEPENDENT						
		STATES - ARMENIA,	TO SUPPORT ITS ALIYAH					
		AZERBIJAN,	PROGRAM.	61,600.	CASH EFT	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	TO SUPPORT ITS ALIYAH					
		ALBANIA, ANDORRA,	PROGRAM.	43,600.	CASH EFT	0.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,	TO SUPPORT ITS ALIYAH					
		CHILE, COLUMBIA,	PROGRAM.	217,267.	CASH EFT	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	TO SUPPORT ITS ALIYAH					
		ALBANIA, ANDORRA,	PROGRAM.	24,800.	CASH EFT	0.		

Part III	Grants and Other Assistant Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a)	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	Yes	X 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 the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Page 5

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:

EZRA INTERNATIONAL MANAGES THE PERFORMANCE OF GRANT RECIPIENTS BY PERFORMING PERIODIC MONITORING SPOT AUDITS ON THE VARIOUS ORGANIZATIONS THAT RECEIVE FUNDS IN ORDER TO ENSURE THAT THE GRANTS ARE USED FOR THEIR INTENDED PURPOSE. EZRA INTERNATIONAL ALSO PERSONALLY COMMUNICATES WITH ALIYAH RECIPIENTS WHO RECEIVE SUPPORT DIRECTLY FROM THE GRANTING AGENCIES TO MAKE SURE THEIR RETURN TO ISRAEL IS COMPLETE.

PART I, LINE 3:

PAYMENT MADE IN US DOLLAR CURRENCY.

PART I, LINE 3, COLUMN (E):

(A) REGION:

RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN, BELARUS, (E) SPECIFIC TYPES OF SERVICES IN REGION: ALIYAH: PROVIDES SUPPORT IN HELPING JEWS RETURN TO ISRAEL BY PERFORMING AND DOCUMENTING ANCESTRY RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE TRANSPORTATION TO THE ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH THE PAPERWORK FOR AN INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC SUPPLIES DURING THE MONTHS BEFORE THE DEPARTURE FOR ISRAEL, AND ORGANIZE SUPPORT ONCE THE MOVE TO ISRAEL HAS BEEN MADE.

CHILDREN'S PROGRAM: PROVIDES THERAPY, SUPPORT, AND TEMPORARY LIVING QUARTERS FOR ABUSED CHILDREN.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: ALIYAH: PROVIDES SUPPORT IN

Page 5

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.

HELPING JEWS RETURN TO ISRAEL BY PERFORMING AND DOCUMENTING ANCESTRY RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE TRANSPORTATION TO THE ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH THE PAPERWORK FOR AN INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC SUPPLIES DURING THE MONTHS BEFORE THE DEPARTURE FOR ISRAEL, AND ORGANIZE SUPPORT ONCE THE MOVE TO ISRAEL HAS BEEN MADE.

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU (E) SPECIFIC TYPES OF SERVICES IN REGION: ALIYAH: PROVIDES SUPPORT IN HELPING JEWS RETURN TO ISRAEL BY PERFORMING AND DOCUMENTING ANCESTRY RESEARCH TO OBTAIN ISRAELI VISA'S, ARRANGE THE TRANSPORTATION TO THE ISRAELI CONSULATE FOR VISA INTERVIEWS, HELP WITH THE PAPERWORK FOR AN INTERNATIONAL PASSPORT, PROVIDE FOOD AND BASIC SUPPLIES DURING THE MONTHS BEFORE THE DEPARTURE FOR ISRAEL, AND ORGANIZE SUPPORT ONCE THE MOVE TO ISRAEL HAS BEEN MADE.

Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EZRA INTE	91-1746258						
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for monit	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than		· ·	1		(f) Method of	ı	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DEE:							
BETH ISRAEL 603 CAMELLIA COURT							TO SUPPORT ITS ALIYAH
SANFORD, FL 32773	59-3174191	CHURCH	0.	12,500.			PROGRAM.
DIMITORD, TH 32773	33 3174131	CHOKCH	•	12,300.			I ROCKIM.
			1				
2 Enter total number of section 501(c)(3) a	and government or	anizations listed in th	ue line 1 table			1	
3 Enter total number of other organization	-	-					

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SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization			Employer identific	cation n	umber				
EZRA I	EZRA INTERNATIONAL								
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)									
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.									
1	(b) Relationship between disqualified	(a) Description of transcr		(d) Correcte					
(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No				
(1)									
_(2)									
(3)									
(4)									
_(5)									
(6)									
2 Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under							

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Los from organiz	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or iittee?	(i) W agreer	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													<u> </u>
(8)													
(9)													
(10)													
Total						\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

Part IV	Business Transactions Involv	ing Interested Persons		<u> </u>		i age z
raitiv	,	"Yes" on Form 990, Part IV, line 28a, 28	2h or 200			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
					Yes	No
(1)RICH	HARD WAGNER	BROTHER TO FORMER B	32,000.	EMPLOYEE OF		X
(2)			•			
(3)						
(4)						
(5)						
(6)		-				
(7)						
(8)						
<u>(9)</u> (10)						
Part V	Supplemental Information					
		onses to questions on Schedule L. See i	nstructions.			
	-					
SCH L,	PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NA	AME OF PERSON: RICHAR	D WAGNER				
(B) RE	ELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANTZATT	ON:		
			OROZINI	0111		
BROTHE	ER TO FORMER BOARD ME	MBER BARRY WAGNER				
(D) DE	SCRIPTION OF TRANSAC	TION: EMPLOYEE OF OR	GANIZATION			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EZRA INTERNATIONAL

Employer identification number 91-1746258

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

RETURN JEWS TO ISRAEL, 2) PROVIDE HUMANITARIAN AID, 3) CARE FOR THE

ELDERLY, 4) RESCUE CHILDREN AND, 5) EDUCATE CHRISTIANS ABOUT ALIYAH.

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD SECRETARY/TREASURER, JOANNE HOEZLE, AND THE BOARD PRESIDENT,

MELVIN HOELZLE, ARE HUSBAND AND WIFE. BOARD MEMBERS, BRUCE ELLIOTT AND

ANNE ELLIOTT ARE HUSBAND AND WIFE. VOLUNTEER OFFICE SUPPORT, DARLENE

CRISTOFARO, AND BOARD MEMBER, GARY CRISTOFARO ARE HUSBAND AND WIFE, ALL

CONFLICT OF INTERESTS HAVE BEEN NOTED AND ALL RELATED CONFLICTS ABSTAIN

FROM ALL CONVERSATIONS AND VOTES THAT INVOLVE DECISIONS RELATING DIRECTLY

TO EACH OTHER.

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

THE ORGANIZATION'S INDEPENDENT CPA PROVIDES A DRAFT OF FORM 990 TO

MANAGEMENT AND THE BOARD PRESIDENT. THE BOARD IS THEN GIVEN A DRAFT BY THE

ORGANIZATION TO REVIEW. ALL ARE GIVEN THE OPPORTUNITY TO REVIEW, COMMENT,

AND PROVIDE ANY CHANGES BEFORE FORM 990 IS FILED.

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

EZRA INTERNATIONAL'S OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY

INTEREST THAT COULD GIVE RISE TO CONFLICTS. TO ENSURE COMPLIANCE, THEY

MAINTAIN AND PERIODICALLY UPDATE A CONFLICT OF INTEREST POLICY AND ADHERE

TO THE POLICY.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 91-1746258 EZRA INTERNATIONAL SALARIES ARE BASED ON MARKET WAGES. A MAJORITY OF BOARD MEMBERS AGREE ON COMPENSATION. THE ORGANIZATION DOES NOT HAVE ANY HIGHLY COMPENSATED EMPLOYEES. ALL BOARD MEMBERS REMOVE THEMSELVES FROM DECISIONS DIRECTLY RELATED TO THEIR COMPENSATION EVALUATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST. THE FORM 990 IS ALSO AVAILABLE FROM UNRELATED WEBSITES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST. FORM 990, PART XII, LINE 2C NO CHANGES FROM PRIOR YEAR.