2023 Exempt Organization Business Tax Return prepared by:

Darrell L. Keller, CPA, PA P.O. Box 1028 Kings Mountain, NC 28086

Zola Levitt Ministries, Inc P O Box 12268 Dallas, TX 75225

990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A	For the 2	2023 calend	dar year, or tax year beginning	, 202	o, and end	iiig			, = -
В	Check if a	pplicable:	C Name of organization Zola L	evitt Ministries, I	nc			D Emplo	oyer identification number
	Address c	hange	Doing business as					75-16	580391
$\overline{\Box}$	Name cha	-	Number and street (or P.O. box if	mail is not delivered to street addres	ss)	Room/su	ite	E Teleph	none number
\exists	Initial retur		P O Box 12268					(972)	696-8844
\exists		n/terminated	******	ountry, and ZIP or foreign postal cod	e				
H	Amended		Dallas, TX 75225	only, and En or loroign postar soc	•			G Gross	receipts \$2,889,179.
	Applicatio		F Name and address of principal offi	ioar		L1/2			or subordinates? Yes X No
	Applicatio	n pending	Mark Levitt, P O Bo		75225	1 '	-		es included? Yes No
_	Tay ayam	nt status:	▼ 501(c)(3) 501(c) () (insert no.) 4947(a)(1)			-		st. See instructions.
<u>'</u>	Tax-exem) (IIISeTT 110.) 4947(a)(1)	101 521				
<u>J</u>	Website:		evitt.com			<u></u>) Group ex		
			Corporation Trust Associa	tion Other	L Year of for	mation:	19/9	M State	of legal domicile: TX
P	art I	Summa							
	1 E	Briefly des	cribe the organization's missi	ion or most significant activit	ties: <u>Proc</u>	clamat.	ion of	the	Christian gospel
ce	_						- 		
Governance	_								
/eri	2 (Check this	box 🗌 if the organization di	iscontinued its operations or	disposed	of more	than 25	% of it	s net assets.
Go	3 1	Number of	voting members of the gove	rning body (Part VI, line 1a).				3	6
≪	4 1	Number of	independent voting member	s of the governing body (Par	t VI, line 1	lb)		4	5
ies	5 7	Total numb	per of individuals employed in	n calendar year 2023 (Part V,	line 2a)			5	0
Activities	6 7	Total numb	per of volunteers (estimate if r	necessary)				6	5
Act			ated business revenue from F					7a	0.
	1		ted business taxable income					7b	0.
_				, , , , , , , , , , , , , , , , , , , ,			Prior Year		Current Year
	8 (Contributio	ons and grants (Part VIII, line	1h)			4,209,	671	2,664,093.
ıπe	1		ervice revenue (Part VIII, line				1/200/	0,11	2700170301
Revenue	1	-	t income (Part VIII, column (A				65	451.	108,121.
Re	1		nue (Part VIII, column (A), line					171.	62,472.
	1		nue-add lines 8 through 11 (m						
							4,332,	293.	2,834,686.
	1		d similar amounts paid (Part I)			-			
	1		aid to or for members (Part IX			-			
es	1		ther compensation, employee to				336,	385.	411,491.
Expenses	1		al fundraising fees (Part IX, co			- Allega	X15.7	-74:5880	22
χĎ	I		raising expenses (Part IX, colu		1,718.				
ш	1		enses (Part IX, column (A), line				3,123,		2,943,271.
	1	•	nses. Add lines 13-17 (must o				3,459,	932.	3,354,762.
	19 F	Revenue le	ess expenses. Subtract line 1	8 from line 12			872,	361.	-520,076.
Net Assets or Fund Balances							ng of Curre		End of Year
sets alan	20 7	Total asset	ts (Part X, line 16)				3,311,	250.	2,952,538.
t As	21 T	otal liabili	ties (Part X, line 26)				597,	071.	614,508.
울撎	22	Vet assets	or fund balances. Subtract li	ne 21 from line 20			2,714,	179.	2,338,030.
Pá	art II	Signatu	re Block						
			, I declare that I have examined this r						my knowledge and belief, it is
tru	e, correct,	and complete	e. Declaration of preparer (other than	officer) is based on all information o	f which prep	arer has ar	ny knowled	ge.	
			- Leve				09,	/30/2	024
Sig	gn 🏻	Signature of	officer				Date		
He	re	Marl	k Levitt, Executive	Director					
_	-		name and title						
_	• •	Print/Type	preparer's name	Preparer's signature		Date		Check [if PTIN
Pa		Darrol	l L. Keller	Darrell L. Keller		10/03		self-emp	_ 」"
	eparer	Firm in a second				10/03	Firm's		51-0471443
Us	e Only			Kings Mountain, NC	28096				04)739-0771
1/10	v the IDC	Firm's add	this return with the preparer s				Prione	110. (/	. ▼Yes No
ivid	y tire into	<i>-</i> 4150455 l	ing return with the brebaters	SHOWIT ADOVE: SEE INSTRUCTIO					· 🖂 169 🗀 140

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	For more than 40 years, ZLM has produced a Bible teaching television program that emphasizes the Jewish roots of Christianity, the continuing significance
	of Israel to prophecy fulfillment, and the Chosen people's role in God's
	See Part III. In 1 statement
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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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 \$ 2,741,427. including grants of \$ 0.) (Revenue \$ 2,834,686.)
	Production of a television program carried on three national networks
	and 80 plus full-power stations, www.levitt.tv,and satellite with more than 1,000,000
	viewers that provides Judeo-Christian education and biblical teaching.
41.	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$) (nevenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,741,427.

	10 (2023)			-age C
Part	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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
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		×
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		×
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		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete 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? If "Yes," complete Schedule D, Part IV	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.		S. Sale of	
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	×	
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		×
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		×
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	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a 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	144		×
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19	-	×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (Continued)		T	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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 Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
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		×
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c	1	×
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	×	×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Otationicities, filed for the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Mann the year box and the balefield your briding Man or Man or Mann the year box and the balefield your briding Man or Man or Mann the year box and the balefield your bridge with the balefield your bridge) (3)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country	14		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1750 1704 CO 27, 877	erili	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a 7b		×
b	Did the organization notify the donor of the value of the goods of services provided?	7.0		
Ů	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.	-200		
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	#K11 1.	×
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a 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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	Ī		
40-	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
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			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	2000		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			: 2- [V間
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	:::32.74 **Complete		\$54 CA

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on 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.	(i f i feath		
b 2	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 officer, director, trustee, or key employee?	2	Vieta (S	×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	4 5 6		× × ×
b	one or more members of the governing body?	7a 7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	×	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b	× × ×	
13 14 15	describe on Schedule O how this was done	12c 13 14	× ×	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	×	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
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 exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Down website Another's website Upon request Other (explain on Schedule O)	r (sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.		est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords		

Mark Levitt, 10300 N Central Expressway,

Suite 170 , Dallas, TX 75231 (214)696-8844

Part VII	Compensation of Officers, Direct	tors, Trustees,	Key Employees, I	Highest Compensated	Employees, and
	Independent Contractors				

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.

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	erson	e than is both tor/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	
(1) Mark Levitt	40.00	×		×				100 000	40.000	
Sec/Treasurer	0.00			_			-	132,283.	19,800.	0.
(2) David Hitt Chairman	0.00	×		×				0.	0.	0.
(3) Margo Dokken Director	0.00	×						0.	0.	0.
(4) Lou Hays Director	0.00	×						0.	0.	0.
(5) H J Ledbetter Director	0.00	×						0.	0.	0.
(6) Mark Nelson Director	0.00	×						0.	0.	0.
(7)										
(8)										
(9)					-					
(10)							<u> </u>			
(11)										
(12)										
(13)										
(14)					-					

Part	Section A. Officers, Directors,	rustees,	Key I	⊨m	pio	yee	s, an	a r	lignest Compe	ensated	⊨mpio	yees (continuea)
	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck ss pe d a d	rson lirect	e than is both or/trus	an tee)	(D) Reportable compensation from the	(E Repor comper from re	table isation	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizati 1099-1 1099-	MISC/	from the organization and related organizations
(15)												
(16)												
(17)				-								
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal		L	<u> </u>			<u>.</u>		132,283.	19	,800.	0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)								132,283.	19	,800.	0.
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed :	above	e) w				
3	Did the organization list any former of employee on line 1a? If "Yes," complete S					 ∋, k	ey e	mpl	oyee, or highes	t compe	ensated 	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											ing tage of which become
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or in	dividual	5 ×
Secti	on B. Independent Contractors	~										
1	Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress							(B) Description of serv	rices	((C) Compensation
2	Total number of independent contracto						ed to	th	ose listed above	e) who		
	received more than \$100,000 of compensations	ation from t	he or	gani	izati	on						

Par	t VIII	Statement of Rec Check if Schedule			esnor	ose or note to ar	ny line in this Pa	art VIII		
	.,	Officer in Octionals	0 00	manio a r	COPOI	ise of flote to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					Ţ.
ع ق	С	Fundraising events			1c			1000448		The second second
fts, r A	d	Related organizatio	ns .		1d					
يَّة ق	е	Government grants	(cont	tributions)	1e		V-0.00	and the second second	*/ (1	
ns,	f	All other contribution	ns, gi	fts, grants,					Johnson y	100 A 110 A
tio er 9		and similar amounts n	ot incl	uded above	1f	2,664,093.				
혈	g	Noncash contribution							A create	
ig je		lines 1a-1f			1g	\$				The same of the sa
a C	h	Total. Add lines 1a-	–1f .				2,664,093.			
						Business Code			The second of th	A contract of the contract of
Program Service Revenue	2a									
e G	b									
S r en	С									
gram Sen Revenue	d									
ogo H	е									
ቯ	f	All other program se								
	g	Total. Add lines 2a-	-2f .		· · ·	 		An expense of the Service		
	3	Investment income								_
		other similar amour	,				108,417.	108,417.	0.	0
	4	Income from investr			•	•				
	5	Royalties	· ·				Table Colors	Z. v. serie Makes		Cont in the section is
	_			(i) Rea	a!	(ii) Personal		A PARTY OF THE PAR	The state of the s	At an and a second
	6a	Gross rents	6a							
	b	Less: rental expenses	$\overline{}$					The interest of		
	C	Rental income or (loss)						Service Committee Committe		
	d	Net rental income o	or (loss	(i) Securi		(ii) Other	TOWN LATER TO THE STATE OF THE		265-y-1940-y-1940-	
	7a	Gross amount from sales of assets		(i) Secur	ities	(II) Other				Tiples
		other than inventory	7-		665				ESTREET OF THE PERSON OF THE P	
4)	h	Less: cost or other basis	7a	4,	665.			A THE STATE OF THE		Prince of the Control
evenue	J	and sales expenses .	7b	1	961.					13/0/17
, ve		Gain or (loss)	7c		296.					
æ	l						-296.	-296.	0.	0.
Other Re	8a	Gross income from				<u> </u>		-290.	0.	0.
₹	Ua	events (not including		iridiaisirig						A STATE OF THE STA
		of contributions rep		d on line			3 / 200 / 20			
		1c). See Part IV, line			8a					
	b	Less: direct expens	es .		8b		TITCHES AND		2 MANAGE 1	
	С	Net income or (loss)			ng eve	ents				
	9a	Gross income f							TARREST TO THE STREET	
		activities. See Part I	V, line	e 19 .	9a				i i i i i i i i i i i i i i i i i i i	
	b	Less: direct expense	es .		9b			r se many little (1977)	1000	
	С	Net income or (loss)			ctivitie	es				
	10a	Gross sales of in		ory, less			Control of the Contro	and the second of the second o		SERVE TO SERVE SERVE
		returns and allowan			10a	150,668.			1000	
	b	Less: cost of goods			10b	1	A Control of the Cont		PAIN	
	С	Net income or (loss)) from	sales of ir	rvento		101,136.	101,136.	0.	0.
ns						Business Code				Parkett Later Service
eo ne	11a	Subchapter S	K-1			900099	-49,525.	-49,525.	0.	0.
llar	b	Other Income				900099	1,531.	1,531.	0.	0.
scellaneo Revenue	C.	Royalties				900099	2,923.	2,923.	0.	0.
Miscellaneous Revenue	d	All other revenue		· · ·			6,407.	6,407.	0.	0.
	e	Total, Add lines 11a			• •	· · · · ·	-38,664. 2,834,686.	170,593.		•
	12	Total revenue. See	ınstri	uctions			4,034,686.	1 1/0,593.	0.1	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, Program service expenses Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 132,283. 98,758. 33,525. 0. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 279,208 279,208. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 11 Fees for services (nonemployees): a Management 10,525. 0. 10,525. 0. Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 4,562. 0. 4,562. 0. Office expenses 11,016. 0. 11,016. 0. 13 Information technology 19,453. 0. 19,453. 0. 14 15 77,979. 0. 77,979. 0. 16 10,719. 0. 10,719. 0. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates Depreciation, depletion, and amortization . 2,669. 0. 2,669. 0. 22 3,946. 3,946. 23 0. 0. 24 Other expenses. Itemize expenses not covered 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.) Airtime 24,980. 1,318,104. 1,293,124. 0. 0. Contract Labor 20,987. 20,987. 0. 0. 41,176. 41,176. Printing and Publications 5,158. 5,158. 0. 0. Property Taxes 81,681. 6,738. e All other expenses 1,416,977. 1,328,558. 3,354,762. 2,741,427. 581,617. 31,718. 25 Total functional expenses. Add lines 1 through 24e 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 ŠOP 98-2 (ASC 958-720)

31

32

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,144,401 1 321,235. 1 540,568. 2 2 Savings and temporary cash investments 669,854. 3 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Assets Inventories for sale or use 8 140,698. 8 130,592. Prepaid expenses and deferred charges . . . 9 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 39,183. Less: accumulated depreciation 10b b 35,182. 6,670. 10c 4,001. Investments—publicly traded securities 1,059,786. 1,467,720. 11 11 6,008. 12 Investments—other securities. See Part IV. line 11 . . . 5,533. 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 Other assets. See Part IV, line 11 15 413,594. 15 353,128. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,311,250. 16 2,952,538. 17 Accounts payable and accrued expenses 597,071. 17 614,508. 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 597,071 26 614,508 Organizations that follow FASB ASC 958, check here 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 2,714,179 27 2,338,030. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 30

2,338,030.

31

32

33

2,714,179.

3,311,250.

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances . .

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	2,834	1,68	36.
2	Total expenses (must equal Part IX, column (A), line 25)	3,354	1,76	52.
3	Revenue less expenses. Subtract line 2 from line 1	-520	0,07	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2,714	1,17	79.
5	Net unrealized gains (losses) on investments	143	3,92	27.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	2,338	8,03	30.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
		Y	'es	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other ☐			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.		93940	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		** 1864 L	H
	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	×	5
	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.			
	·		3 Maria 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on	20	^+	
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		Jensi k	bh feill
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-		
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	REV 05/09/24 PRO	Form \$	990	(2023)

Zola Levitt Ministries, Inc 75-1680391 1

Additional Information From Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 1 (continued)

Continuation Statement

eternal plan. The television program, "Our Jewish Roots", is broadcast
on three national networks and 80+ full-power stations, www.levitt.tv, internet streaming,
and satellite that have more than one million viewers.
The free monthly Levitt Letter news magazine goes to approximately 20,000
households and 1,600 prisoners. The bulk of its articles relate to news and
commentary about Israel, prophecy fulfillment, photos from the Holy Land,
and other Judeo-Christian teaching, including Hebrew lessons.
The Ministry's website, www.levitt.com, archives all the same 30-minute
television programs that we market on DVD. These widely varied programs
are available for free viewing by anyone at anytime. Our online archive
of decades worth of news magazines is searchable, making it valuable for
research. The website also offers free music and a discussion
forum. www.levitt.com attracts 4.2 million hits per month.
Our To the Jew First missionary outreach, led by our chaplain, sends pairs
of missionaries to Israel several times per year. On location there, they
spread the Good News that many stateside churchgoers uphold Israel's
vision and worship the Jewish Savior. The missionaries write regular reports
that are published in our Levitt Letter.
The Institute of Jewish-Christian Studies correspondence program involves
twelve monthly pairs of teaching CDs, a reading packet, and 12 mail-in exams. More
than 2,000 currently enrolled students learn about the history of Israel,
the Jewish roots of Christianity, and the continuity of the Old and New
Testaments.
We offer two study tours per year to the Holy Land-Israel, Petra, and Greece
as well as highly qualified speakers for churches, civic groups, and
conferences to speak about the Holy Land, end-times prophecy, and the
Bible in general.

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047 **Open to Public**

Inspection Employer identification number Name of the organization Zola Levitt Ministries, Inc 75-1680391 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).) ☐ 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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 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 b 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, C 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) Ч 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 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). (i) Name of supported organization (ii) EiN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,971,052.2,829,953.2,802,629.4,209,671.2,664,093.15,477,398. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 2,971,052. 2,829,953. 2,802,629. 4,209,671. 2,664,093. 15,477,398. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 15,477,398. Section B. Total Support (d) 2022 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (f) Total 2,971,052. 2,829,953. 2,802,629. 4,209,671. 2,664,093. 7 Amounts from line 4 15,477,398. 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 155,359. 75,915. 205,705. 21,262. 58,892. 517,133. 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 assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 15 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

1.1.	<u> </u>	. ,, ,	
(Complete of	only if you checked the box o	n line 10 of Part I or if the organization failed to qualify under Pa	art II.
If the organi	ization fails to qualify under t	he tests listed below, please complete Part II.)	

		411401 1110 10	010 110100 201	o, p	orriproto : di t	,	
	on A. Public Support						
	dar 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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	to Complete Control	in a second	an allem	Men Olice	2000	
	line 6.)		n in the second	100 C			
Secti	on B. Total Support					Comments of the comments of th	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6			1.1			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line	B, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch				<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2023 (%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than 331/3%, check this box	and stop here .	The organizati	on qualifies as	a publicly suppo	orted organizati	on
b	331/3% support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this	box and stop h	ere . The organ	ization qualifies	as a publicly s	upported organ	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ctions .

Part IV S

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	Orga	nizations

- 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
ng by			
us ed	1	Он	
er	2		
nd he	3a		
(B)	3b		J.
lf	3c		
gn on	4a		
on ed (B)	4b		ene
s," IN on; on			
dy	5a 5b		
to ed or	5c 6		
tor ity			
ne	8	2000 C	
re ns			111 2 01 111 2 01
ch	9a 9b		
efit	9c		
on ed	8		
to	10a 10b		
	100		N 2023

Part	V 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		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			XIO.
	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		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Š. 5	Land Sept	485
	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	5		
	the supported organization(s).	1		, , , , ,
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	3365CT V-46666	
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		e-sprint . g
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		. 48	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			- 12 A
	supported organizations played in this regard.	3	7000 J	Ac./ 1000mb -255 7
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions	s).
а	☐ 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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struct	ions).
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		- 5	
	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	e e e e e e e e e e e e e e e e e e e		
	that these activities constituted substantially all of its activities.	2a	93***15EE.00	
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	normani di	nen nessed
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	***************************************	pogesses (')
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	1000000 A 76	L=6888887 T

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	A Les Assault and a	
2	Enter 0.85 of line 1.	2		b
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	A Company of the Comp	
5	Income tax imposed in prior year	5	Agrows Agriculture	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		5
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III support	ing organization

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	a)	
Sect	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	orted			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	: VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E—Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	าร	Distributable
		ZX0000 ZX0XXXXX	Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		Transport Control of the Control of		
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018			- 62/35 - 1811; 1 2/186/3.11	
b	From 2019				
С	From 2020			1.8881 01 ²	
d	From 2021				
е	From 2022			7	
f	Total of lines 3a through 3e			1000	
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount	Committee of the state of the s		y Šia i cor b u lada	
<u>i_</u> _	Carryover from 2018 not applied (see instructions)			1190	
J	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years			7-0.762	
b	Applied to 2023 distributable amount		601 84 37 38 8	-5%	
	Remainder. Subtract lines 4a and 4b from line 4.	and the same of th		-	
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
				PROPERTY.	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			and a	
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				TOTAL CONTRACTOR
,	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019	and the second second	The state of the s		
b	Excess from 2020			`.ani	
С	Excess from 2021				
d	Excess from 2022			JNII C	
е	Excess from 2023				

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

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Inspect

Name o	f the organization		Employer identification number
Zola	a Levitt Ministries, Inc		75-1680391
Par			s or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds 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		_
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, all only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
			· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements	Was an Farm 000 Dart IV line 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the		for high adoubt from a stand loved area
	Preservation of land for public use (for example, recre	*	
	☐ Protection of natural habitat ☐ Preservation of open space	☐ Preservation of	f a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	na a quamica conservation contribution	Held at the End of the Tax Year
_			- A WAA
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included on lin		
	on a historic structure listed in the National Registe		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	ninated by the organization during the
	tax year	· ·	
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing o	consequation ecoments during the year
7	Amount of expenses incurred in monitoring, inspecting	ig, flatiding of violations, and emorcing c	conservation easements during the year
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue a	and expense statement and balance
	sheet, and include, if applicable, the text of the foot		tements that describes the
	organization's accounting for conservation easeme		
Part			Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to		·
b	If the organization elected, as permitted under FAS		
b	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	ns.	
	(i) Revenue included on Form 900 Part VIII line 1		Ф.
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		Ψ
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 FA		and the second second the
а	Revenue included on Form 990, Part VIII, line 1 .	•	\$
b	Assets included in Form 990, Part X		\$

Par	Ш	Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (con	tinued)_
3		the organization's acquisition, tion items (check all that apply).		sion, and ot	her reco	rds, chec	k any of th	e follov	ving that make	significant u	se of its
а	☐ Pul	olic exhibition			d	Loan	or exchang	je progr	am		
b		nolarly research									
С	☐ Pre	eservation for future generations									
4	Provid XIII.	le a description of the organizat	tion's	collections a	and expla	ain how t	hey further	the org	anization's exe	mpt purpos	e in Part
5	During	the year, did the organization to be sold to raise funds rather	solic than	it or receive to be mainta	donation	s of art, part of the	historical t e organizat	reasure ion's co	s, or other simil ollection?	lar \(\sum \) Yes	□No
Pari		Escrow and Custodial Arra									
		Complete if the organization 990, Part X, line 21.	ansv	wered "Yes							orm
1a	includ	organization an agent, trustee, ed on Form 990, Part X?						tions or	other assets n	ot Yes	☐ No
b	If "Yes	s," explain the arrangement in P	art XII	II and comple	ete the fo	llowing to	able.				
									<i>F</i>	Amount	
С		ning balance						10			
d		ons during the year						10			
е		outions during the year						_1∈			
f	Ending	g balance						1f			
2a		e organization include an amou									
		s," explain the arrangement in P	art XI	II. Check her	e if the e	xplanatio	n has been	provide	ed in Part XIII .	<u> </u>	
Par	t V	Endowment Funds			" a.a. Fau	OOO [Jart IV lin	a 10			
		Complete if the organization		Current year		or year	(c) Two yea		(d) Three years bac	ck (e) Four ye	are back
4.	Desir	sing of ware balance	(a)	Current year	(b) Fit	or year	(c) Two yea	15 Dack	(u) Three years bac	C (e) rour ye	ars back
1a	_	ning of year balance butions									
b		vestment earnings, gains, and									
	losses										
d		s or scholarships									
е		expenditures for facilities and ams									
f	Admir	istrative expenses									
g		f year balance	L		L						
2		le the estimated percentage of t				e (line 1g	j, column (a	a)) held	as:		
а		designated or quasi-endowmer	nt		%						
b	Perma	nent endowment	%								
С		endowment%									
		ercentages on lines 2a, 2b, and									
3a		ere endowment funds not in the	e pos	session of th	ne organi	zation tha	at are held	and ad	ministered for t		1
	-	zation by:									es No
										3a(i)	_
_										3a(ii)	
b		" on line 3a(ii), are the related o	_							3b	
Por		be in Part XIII the intended uses Land, Buildings, and Equip			on's endo	owment it	unas.				
Pari		Complete if the organization			" on For	m 990 F	Part IV line	e 11a	See Form 990	Part X lin	e 10
		Description of property	ano	(a) Cost or ot			or other basis	T	Accumulated	(d) Book v	
		Besonption of property		(investm		1 ' '	ther)		epreciation	(4) 20011	
1a	Land				0.				**************************************		0.
b	Buildir	ngs									
С	Lease	hold improvements									
d	Equip	ment					39,183.		35,182.	4	,001.
е	Other										0.0.
Total.	Add lir	es 1a through 1e. (Column (d) n	nust e	equal Form 9:	90, Part)	K, line 10d	c, column (i	B)) .		4	,001.

Part VII	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation: d-of-year market value
(1) Financia	I derivatives			
	neld equity interests			
(3) Other				
(0)				
(D)				
(- \				
(F)				
(G)				
(H)				
Total. (Colu	ımn (b) must equal Form 990, Part X, line 12, col. (B))			All All
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		thod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11d. See Form	n 990, Part X, line 15.
	(a) Description			(b) Book value
(1) Loan	To TEI			80,547.
(2) Right	To Use Leased Asset			272,581.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			353,128.
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)			-1"	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, col. (B))			
	r uncertain tax positions. In Part XIII, provide the text of the footnot			
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of th	e footnote has been	provided in Part XIII .

Part			•	Return	
	Complete if the organization answered "Yes" on Form 990, Pa	irt i\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements .	٠		1	2,884,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 1			
а		2a		100 mm	
b		2b			
C		2c	10.000		
d	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	2d	49,828.		40.000
	Add lines 2a through 2d			2e	49,828.
3	Subtract line 2e from line 1	٠,		3	2,834,686.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.			
a		4a			
b		4b		3,000,00	
-	Add lines 4a and 4b			4c	0 004 606
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. XII Reconciliation of Expenses per Audited Financial Statemer			5 Potu	2,834,686.
Part	Complete if the organization answered "Yes" on Form 990, Pal			netu	111
1	Total expenses and losses per audited financial statements			1	3,404,294.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			Minutes I	
		2a			
a b		2b			
C		2c			
d		2d	49,532.		
				2e	49,532.
3	Subtract line 2e from line 1			3	3,354,762.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	٠,			3,334,702.
		ta l			
	·	4b			
	·			4c	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	3,354,762.
	XIII Supplemental Information				· · · · · · · · · · · · · · · · · · ·
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
Pt X	I, Line 2d: Cost of Inventory Sold \$49,828	- 			
Pt X	II, Line 2d: Cost of Inventory Sold \$49,532				

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
· · · · · · · · · · · · · · · · · · ·		

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Zola	Levitt Ministries, Inc 75-1680391			
Part	Questions Regarding Compensation			,
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			7
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			0.711
	Travel for companions Payments for business use of personal residence	150		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	and V		33
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)	A SEC		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		Pas SITUAR	1000
Б	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
		11.78	W-58	7.55
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	346		(381 :
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			1
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			.
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_	Receive a severance payment or change-of-control payment?	4a	3800 .	×
a b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	ļ <u>.</u>	×
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		×
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			M.J.
	The foot to any or most the persons and provide the applicable arroading restriction for the form of t			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			H.
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
•	For payone listed on Form 200 Payt VIII Continu A line to did the payonization pay or common one	Sec.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	a de la constante		
•	The organization?	6a		×
a b	Any related organization?	6b		×
	If "Yes" on line 6a or 6b, describe in Part III.	40739		Application of the
				- 1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	on my College	THE STATE OF THE S	
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		×
			, yali	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (B)(I)–(II		(B) Breakdown of W-2 ar			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Mark Levitt	(i)	132,283.	0.	0.	11,853.	0.	144,136.	0.
1 Sec/Treasurer	(ii)	19,800.	0.	0.	0.	0.	19,800.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)				***************************************			
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)		-					
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							T

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

20**23**

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Zola Levitt Ministries, Inc	5-1080391
Pt VI, Line 11b: Audit committee reviews prior to filing.	
Pt VI, Line 12c: Conflict of Interest statements signed annually.	
Pt VI, Line 15a: Annual review by the board and comparison to other π	ninistries
Pt VI, Line 15b: Annual review by the board and comparison to other m	ninistries.
Pt XI: Unrealized Gains on Investments	
Pt IX, Line 24e:	
Description: Telephone	
Total: \$4,364	
Program services: \$0	
Management and general: \$4,364	
Fundraising: \$0	
Description: Postal, shipping	
Total: \$20,914	
Program services: \$0	
Management and general: \$20,914	
Fundraising: \$0	
Description: Miscellaneous	
Total: \$561	
Program services: \$0	
Management and general: \$561	
Fundraising: \$0	
Description: Tour Expenses	
Total: \$3,815	
Program services: \$0	
Management and general: \$3,815	

Name of the organization	Employer identification number
Zola Levitt Ministries, Inc	75-1680391
Fundraiging, ¢0	
Fundraising: \$0	
Description: Bank Charges	
Total: \$31,183	
Program services: \$0	
Management and general: \$31,183	
Fundraiding, ¢0	
Fundraising: \$0	
Description: Repairs & Maintenance	
Total: \$1,000	
Program services: \$0	***************************************
Management and general: \$1,000	
Fundraising: \$0	
rundraising. 30	
Description: Dues & Subs	
Total: \$4,903	
Program services: \$0	
Management and general: \$4,903	
Fundraising: \$0	
Description: Professional Fees	
Total: \$4,094	
Program services: \$0	
Program Services: \$0	
Management and general: \$4,094	
Fundraising: \$0	
Description: Website	
Total: \$54,528	
Program services: \$54,528	
Management and general: \$0	
Fundraising: \$0	
Description, Duadration Newslatters	
Description: Production-Newsletters	

Name of the organization	Employer identification number
Zola Levitt Ministries, Inc	75-1680391
motol, 6512 020	
Total: \$513,039	
Program services: \$506,301	
Management and general: \$0	
Fundraising: \$6,738	
Description: Royalties and permissions	
matal	
Total: \$5,630	
Program services: \$5,630	
Management and general: \$0	
Fundraising: \$0	
Description: Answering Service	
Total: \$10,847	
Program services: \$0	
Management and general: \$10,847	
Fundraising: \$0	
Description: Social Media	
Total: \$8,964	
Program services: \$8,964	
Flogram Services. 30,304	
Management and general: \$0	
Fundraising: \$0	
Description: Video Tape Production	
Total: \$753,135	
Program services: \$753,135	
Management and general: \$0	
Fundraising: \$0	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

(b)

Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

(c)

Legal domicile (state

(d)

Total income

Open to Public Inspection

(f)

Direct controlling

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Zola Levitt Ministries, Inc

(a)

Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 75-1680391

(e)

End-of-year assets

					or foreign country)			entity	/
(1)									
(2)									
(3)									
(4)									
(5)									
(6)						:			
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations. Co	omplete if that ax year.	ne organization	answered "Yes"	on Form 990, Par	t IV, line 34, bec	ause it h	ad
	(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (state or foreign country		Public charity status (if section 501(c)(3))	s Direct controlling entity	Section cont	(g) 512(b)(13) trolled tity?
(1)								Yes	No
(2)			Mary Control of the C						
		1							
(3)									
(3)									
(4)									

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total Income	(g)	Disprop alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	conti	i) 512(b)(13) rolled ity?
								Yes	No
(1) Travel Experience International, Inc. 75-1839945 10300 N Central Expy Dallas TX 75231	Holy Land Tours	TX	Zola Levitt Ministries	S			100.00		×
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule	R (Form 990) 2023					Page C
Part \	Transactions With Related Organizations. Complete if the organization answ	ered "Yes" on Forn	n 990, Part IV, line 3	4, 35b, or 36.		
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
	During the tax year, did the organization engage in any of the following transactions with one					
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
	Gift, grant, or capital contribution to related organization(s)				1b	×
	Gift, grant, or capital contribution from related organization(s)			_	1c	×
	Loans or loan guarantees to or for related organization(s)				1d	×
е	Loans or loan guarantees by related organization(s)				1e	×
	Dividends from related organization(s)				1f	×
_	Sale of assets to related organization(s)			<u> </u>	1g	×
	Purchase of assets from related organization(s)			<u></u>	1h	×
	Exchange of assets with related organization(s)			· · · ·	1i	×
j	Lease of facilities, equipment, or other assets to related organization(s)				1j ×	
	, , , , , , , , , , , , , , , , , , , ,				1k	×
	Performance of services or membership or fundraising solicitations for related organization(s				11	×
	Performance of services or membership or fundraising solicitations by related organization(s)			F-	1m	×
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			_	1n	×
0	Sharing of paid employees with related organization(s)				10	×
					-	
	Reimbursement paid to related organization(s) for expenses			F	1p	×
q	Reimbursement paid by related organization(s) for expenses				1q ×	-
	Other transfer of cash or property to related organization(s)			-	1r	×
	Other transfer of cash or property from related organization(s)				1s	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must o	complete this line, incl	uding covered relation	ships and transaction	thresh	olds.
	(a) Name of related organization	(b) Transaction type (as)	(c) Amount involved	(d) Method of determining a	amount ir	ivolved
(1)						
(2)					-	
(3)						
(4)						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	omicile Predominant Are foreign income (related, try) unrelated, excluded from tax under org	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h Dispropo allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No																																							
(1)																																																				
(2)																																																				
(3)																																																				
(4)																																																				
(5)																																																				
(6)																																																				
(7)																																																				
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(9)																																																				
(10)																																																				
(11)																																																				
(12)									1																																											
(13)																																																				
(14)		-																																																		
(15)									-																																											
(16)		-																																																		

chedule R (I	Page 5				
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.				
	·				

Schedule R (Form 990) 2023

990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB 1	Vn 1	545-	nn4	. 7
OIVID	NO. 1	J4J-	00-	1

2023

		For cal	endar year 2023 or other tax year beginning , 2023, and ending , 2	.0	2023
Donarto	nent of the Treasury	ł	Go to www.irs.gov/Form990T for instructions and the latest information.	7	Open to Public Inspection
	Revenue Service	Do n	ot enter SSN numbers on this form as it may be made public if your organization is a 501	c)(3).	for 501(c)(3) Organizations Only
	Check box if address changed.		Name of organization (Check box if name changed and see instructions.) Zola Levitt Ministries, Inc		yer identification number 1680391
		Print	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number
Exen	npt under section	or	P O Box 12268		structions)
	01()(c3) 08(e) 220(e)	Type	City or town, state or province, country, and ZIP or foreign postal code	0000	1
☐ 4			Dallas, TX 75225		heck box if
_	29(a) 529A	C Bool	syalue of all assets at end of year		n amended return.
			the state of the s	te colle	ge/university
			6417(d)(1)(A) Applicable entity		
			m Credit from Form 8941 Refund shown on Form 2439 Elective payr		
			nization filing a consolidated return with a 501(c)(2) titleholding corporation .		
			ched Schedules A (Form 990-T)		
			he corporation a subsidiary in an affiliated group or a parent-subsidiary controlled	ea group	o? ☐ Yes ⊠ No
			and identifying number of the parent corporation	/077	220000000000000000000000000000000000000
Part			P O Box 12268 Dallas TX 75225 Telephone number ed Business Taxable Income	(9/2	2)849-0673
1			less taxable income computed from all unrelated trades or businesses (see instruction	ns) 1	
2	Reserved .	ed busii	less taxable income computed nom an unrelated trades or businesses (see instruction	. 2	
3	Add lines 1 an	 nd 2			V
4			ns (see instructions for limitation rules)		
5			ess taxable income before net operating losses. Subtract line 4 from line 3.		
6			erating loss. See instructions		
7			siness taxable income before specific deduction and section 199A deducti		<u> </u>
	Subtract line 6			. 7	,
8	Specific dedu	ction (a	enerally \$1,000, but see instructions for exceptions)	. 8	
9		-	deduction. See instructions		,
10			ld lines 8 and 9		0
11	Unrelated bu	siness	taxable income. Subtract line 10 from line 7. If line 10 is greater than line	7,	
	enter zero .			. 11	0.
Part	Tax Cor	mputa	tion		
1	Organizations	s taxab	le as corporations. Multiply Part I, line 11, by 21% (0.21)	. 1	0.
2			ust rates. See instructions for tax computation. Income tax on the amount ☐ Tax rate schedule or ☐ Schedule D (Form 1041)		
3			ctions	. 3	
4			ee instructions	. 4	
5	Alternative mir			_	
6	Tax on nonco	mplian	t facility income. See instructions		
7	Total. Add line	es 3 thr	ough 6 to line 1 or 2, whichever applies		0.
Part					
1a	Foreign tax cre	edit (co	porations attach Form 1118; trusts attach Form 1116) 1a		
b		•	ructions)		
С			dit. Attach Form 3800 (see instructions) 1c		
d		-	ninimum tax (attach Form 8801 or 8827) 1d		
е			es 1a through 1d	1e	
2			Part II, line 7	2	0.
3a	Amount due fr			_	
b	Amount due fr				
С	Amount due fr				
d	Amount due fr			_	
e			ee instructions)		
f 1			dd lines 3a through 3e	3f	
4			and 3f (see instructions). Check if includes tax previously deferred under tax amount here	4	0
5			tax amount here	5	0.
_5	Current fiet 96	J Lax III	tomity paid norm form 905-A, Fart II, column (k)	5	

Part I	Tax and Payments (continued)							
6a	Payments: Preceding year's overpayment credited to the current year	6a			##.Du.			
b	Current year's estimated tax payments. Check if section 643(g) election							
	applies	6b						
С	Tax deposited with Form 8868	6c		0.				
d	Foreign organizations: Tax paid or withheld at source (see instructions) .	6d						
	Backup withholding (see instructions)	6e						
f	Credit for small employer health insurance premiums (attach Form 8941) .	6f						
g	Elective payment election amount from Form 3800	6g						
h	Payment from Form 2439	6h						
i	Credit from Form 4136	6i						
j	Other (see instructions)	6j			-			0
7	Total payments. Add lines 6a through 6j			; }	7 8			0.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached . Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount or			└ 	9			0.
9 10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 6, enter amount of the same of the first				10			<u> </u>
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	ant Ove	Refun	ded	11			
Part I		ion (s						
1	At any time during the 2023 calendar year, did the organization have an inter				ner auth	nority Y	'es	No
•	over a financial account (bank, securities, or other) in a foreign country? If "	Yes,"	the organizatio	n may	have t	o file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"	' enter	the name of the	ne fore	eign col	untry		
	here							×
2	2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?							X
	If "Yes," see instructions for other forms the organization may have to file.					26		
3	Enter the amount of tax-exempt interest received or accrued during the tax y							-4
4	Enter available pre-2018 NOL carryovers here \$. Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover show	nclude	any post-201	7 NOL	. carryo	ver		
	Part I, line 6.	vii iiei	e by any dedu	Ction	reporte	u on		
_	Post-2017 NOL carryovers. Enter the Business Activity Code and available po	net_20	17 NOL carn/o	/ers Γ)on't re	duce		
5	the amounts shown below by any NOL claimed on any Schedule A, Part II, line							
	Business Activity Code		able post-2017					
		\$	dolo poot zo ii	1102				
		} }						
	\$	•				532		
		\$						
6a	Reserved for future use						100	
b	Reserved for future use		<u> </u>					
Part								
Provid	e any additional information. See instructions.							
	Under penalties of perjury, I declare that I have examined this return, including accompanying s	chodule	as and statements	and to	the best	of my kno	wleda	and
	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a						wieag	je and
Sign				Г	May the I	RS discuss	this r	eturn
Here	9/30/27Executi	770 T	irector	ļ	with the p	preparer sh	own b	elow
	Signature of officer Date Title	- V C L	,1100001	[(see instr	uctions)? 🛚	Yes	□No
D = : -J	Print/Type preparer's name Preparer's signature		Date	Check	k 🗍 if	PTIN		
Paid	Darroll I Woller Darroll I Weller		10/03/2024		mployed	P001	534	28
Prepa	Firm's same Darroll I. Koller CDA DA			Firm's	EIN 5	1-0471	443	3
Use (Firm's address P.O. Box 1028, Kings Mountain, NC 2808	86		Phone	no. (70	04)739		
						- 00	\circ T	(0000)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization			B Employer identification number				r		
Zola Levitt Ministries, Inc					75-1	680391	1		
C 11	nrelated business activity code (see instructions)	0	00000		D Soc	quence:		1 of	1
0	irelated business activity code (see instructions)	. 9	00099		D Sec	uence.			1
E De	escribe the unrelated trade or business SubChapter S Con	rpora	ation						
	rt I Unrelated Trade or Business Income			icome	(I	3) Expens	es	(C) No	et
1a	Gross receipts or sales	T							
b	·	1c			400000				
2	Cost of goods sold (Part III, line 8)	2							5000
3	Gross profit. Subtract line 2 from line 1c	3				200			
4a									
	Form 1120)). See instructions	4a					NA.		
b						940			
	instructions	4b							
С		4c			1000	La la company			
5	Income (loss) from a partnership or an S corporation (attach					100			
	statement) See STMT.	5		49,525		and the second		-49	,525.
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
_	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12				200	10		
13	Total. Combine lines 3 through 12	13		19,525					,525.
Pai	Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business inco		limitatio	ns on d	eductic	ns. De	duction	is must b	е
1	Compensation of officers, directors, and trustees (Part X)						1		
2	Salaries and wages						2		
3	Repairs and maintenance						3		
4	Bad debts						4		
5	Interest (attach statement). See instructions						5		
6	Taxes and licenses						6		
7	Depreciation (attach Form 4562). See instructions		<u>_</u>	7					
8	Less depreciation claimed in Part III and elsewhere on return .		_	8a			8b		
9	Depletion						9		
10	Contributions to deferred compensation plans						10		
11	Employee benefit programs						11		
12	Excess exempt expenses (Part VIII)						12		
13	Excess readership costs (Part IX)						13		
14	Other deductions (attach statement)						14		
15 16	Unrelated business income before net operating loss deduction	n. Suh	tract line	 15 from	 Part I I	 ine 13	15		
. •	column (C)						16	_10	,525.
17	Deduction for net operating loss. See instructions						17	4.5	,,,,,,,
18	Unrelated business taxable income. Subtract line 17 from lin						18	-49	,525.

_			•
Pa	a	e	4

Part	Cost of Goods Sold Enter me	thod of inventory val	uation					
1	Inventory at beginning of year			1				
2	Purchases							
3	Cost of labor							
4	Additional section 263A costs (attach statement)							
5	Other costs (attach statement)			5				
6	Total. Add lines 1 through 5			6				
7	Inventory at end of year			7				
8	Cost of goods sold. Subtract line 7 from line 6.							
9	Do the rules of section 263A (with respect to proper				n? Yes No			
Par	IV Rent Income (From Real Property an							
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructions	5.			
	A							
	B []							
	C							
	D 🗌							
_		Α	В	С	D			
2	Rent received or accrued							
а	From personal property (if the percentage of rent for personal property is more than 10%							
	but not more than 50%)							
	· ·							
b	From real and personal property (if the percentage of rent for personal property exceeds							
	50% or if the rent is based on profit or income) .							
С	Total rents received or accrued by property.							
Ü	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I,	line 6, column (A)				
4	Deductions directly connected with the income							
	in lines 2a and 2b (attach statement)							
_								
5	•		Trait i, line 6, con	лин (b)				
Par	Unrelated Debt-Financed Income (se							
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a c	lual-use. See instru	ctions.			
	A							
	B []							
	C							
	D	Α	В	С	D			
2	Gross income from or allocable to debt-financed	A	В	<u></u>	<u> </u>			
_	property							
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement)							
b	Other deductions (attach statement)							
С	Total deductions (add lines 3a and 3b,							
	columns A through D)							
4	Amount of average acquisition debt on or allocable							
	to debt-financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-							
	financed property (attach statement)							
6	Divide line 4 by line 5	%	%	%	%			
7	Gross income reportable. Multiply line 2 by line 6							
8	Total gross income (add line 7, columns A throu	igh D). Enter here an	d on Part I. line 7	column (A)				
			a on raiti, into 1,					
9	Allocable deductions. Multiply line 3c by line 6							
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, Iir	ne 7, column (B)				
11	Total dividends - received deductions include	ed in line 10						

6. Deductions directly

connected with

income in column 5

1. Name of controlled

organization

2. Employer

identification

number

(1)					
(2)					
(3)					
(4)					<u> </u>
		Nonexemp	t Controlled Organization	ns	
	7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Tota	ls			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Parl		ne of a Section 501(c)(7		ation (see instructions)	
	1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(~)					
(3)					
(3) (4)	ls	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
(3) (4) Tota		Enter here and on Part I, line 9, column (A).	r Than Advertising Ir	ncome (see instructions	Enter here and on Part I, line 9, column (B).
(3) (4) Tota	VIII Exploited Exemp	Enter here and on Part I, line 9, column (A). t Activity Income, Othe	r Than Advertising In	ncome (see instructions	Enter here and on Part I, line 9, column (B).
(3) (4) Tota	VIII Exploited Exemp Description of exploited a	Enter here and on Part I, line 9, column (A). t Activity Income, Othe activity:			Enter here and on Part I, line 9, column (B).
(3) (4) Tota Part	Description of exploited a Gross unrelated business Expenses directly connect	Enter here and on Part I, line 9, column (A). t Activity Income, Othe activity: income from trade or businested with production of unre	ness. Enter here and on lelated business income.	Part I, line 10, column (A) Enter here and on Part I,	Enter here and on Part I, line 9, column (B).
(3) (4) Tota Part 1 2	Description of exploited a Gross unrelated business Expenses directly connectine 10, column (B). Net income (loss) from units of the column (B).	Enter here and on Part I, line 9, column (A). t Activity Income, Othe activity: income from trade or businested with production of unrelated trade or business.	ness. Enter here and on lelated business income.	Part I, line 10, column (A) Enter here and on Part I,	Enter here and on Part I, line 9, column (B).
(3) (4) Tota Part 1 2 3	Description of exploited a Gross unrelated business Expenses directly connectine 10, column (B). Net income (loss) from unlines 5 through 7.	Enter here and on Part I, line 9, column (A). t Activity Income, Othe activity: income from trade or businested with production of unreceived with production of unreceived trade or business.	ness. Enter here and on leated business income.	Part I, line 10, column (A) Enter here and on Part I,	Enter here and on Part I, line 9, column (B).
(3) (4) Tota Part 1 2 3	Description of exploited a Gross unrelated business Expenses directly connectine 10, column (B). Net income (loss) from unlines 5 through 7 Gross income from activitions	Enter here and on Part I, line 9, column (A). t Activity Income, Othe activity: income from trade or businested with production of unreceived with production of unreceived trade or business. ty that is not unrelated business.	ness. Enter here and on leated business income.	Part I, line 10, column (A) Enter here and on Part I,	Enter here and on Part I, line 9, column (B).
(3) (4) Tota Part 1 2 3 4	Description of exploited a Gross unrelated business Expenses directly connectine 10, column (B). Net income (loss) from unlines 5 through 7 Gross income from activit Expenses attributable to i	Enter here and on Part I, line 9, column (A). t Activity Income, Othe activity: income from trade or businested with production of unrelated trade or business. ty that is not unrelated busincome entered on line 5	ness. Enter here and on lelated business income. Subtract line 3 from liness income.	Part I, line 10, column (A) Enter here and on Part I,	Enter here and on Part I, line 9, column (B).
(3) (4) Tota Parti 1 2 3 4 5 6	Description of exploited a Gross unrelated business Expenses directly connectine 10, column (B). Net income (loss) from unlines 5 through 7 Gross income from activit Expenses attributable to i	Enter here and on Part I, line 9, column (A). It Activity Income, Othe activity: Income from trade or business and the desired with production of unrelated trade or business. It that is not unrelated business and the desired with production of unrelated trade or business. It that is not unrelated business and the desired with production of unrelated business. It that is not unrelated business and the desired with production of unrelated business and the desired with the des	ness. Enter here and on lelated business income. Subtract line 3 from liness income.	Part I, line 10, column (A) Enter here and on Part I,	Enter here and on Part I, line 9, column (B).

Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

4. Total of specified

payments made

3. Net unrelated

income (loss)

(see instructions)

Exempt Controlled Organizations

5. Part of column 4

that is included in the

controlling organization's

chedu	le A (Form 990-T) 2023					Page •
Par	X Advertising Income					
1	Name(s) of periodical(s). Check box if rep A B C C				lidated basis.	
	D 🗌					. <u> </u>
nter	amounts for each periodical listed above in	n the correspo				
2	Gross advertising income		A	В	С	D
а	Add columns A through D. Enter here and	d on Part I, lin	ne 11, column	(A)		
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and	d on Part I, lin	ne 11, column	(B)		
4	Advertising gain (loss). Subtract line 3 from 2. For any column in line 4 showing a complete lines 5 through 8. For any colline 4 showing a loss or zero, do not collines 5 through 7, and enter -0- on line 8	a gain, umn in mplete				
5 6 7	Readership costs	s than is less				
8	Excess readership costs allowed deduction. For each column showing a gline 4, enter the lesser of line 4 or line 7	ain on				
а	Add line 8, columns A through D. Enter Part II, line 13					
Par	Compensation of Officers, Dir	ectors, and	2. Title	ee mstruction	3. Percentage of time devoted to business	Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
	I. Enter here and on Part II, line 1 . XI Supplemental Information (see					

Earm 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

ioi a rax Exempt Entity						
For calendar year 2023, or fiscal year	ar beginning	, 2023, and ending	, 20			

	_			
3,	and	ending	,	20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer 75-1680391 Zola Levitt Ministries, Inc Name and title of officer or person subject to tax Mark Levitt, Executive Director Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b. 4b. 5b. 6b. 7b. 8b. 9b. or 10b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 2,834,686. 1a Form 990 check here . . . 🗵 **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . **b** Total revenue, if any (Form 990-EZ, line 9) Form 990-EZ check here . . . Form 1120-POL check here . . . За b Tax based on investment income (Form 990-PF, Part V, line 5) . Form 990-PF check here . . . 4a Form 8868 check here 5a Form 990-T check here . . . 6a 7a Form 4720 check here . . . Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here 9b **b** Tax due (Form 5330, Part II, line 19) Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN as my signature ▼ Lauthorize Darrell L. Keller, CPA, PA ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 10/03/2024 ERO's signature ERO Must Retain This Form — See Instructions

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

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023	, or fiscal year beginning	, 2023, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer Zola Levitt Ministries, Inc 75-1680391 Name and title of officer or person subject to tax Mark Levitt, Executive Director Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . **b** Total revenue, if any (Form 990-EZ, line 9) Form 990-EZ check here . . . 2a 2b **b** Total tax (Form 1120-POL, line 22) Form 1120-POL check here . . . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a Form 8868 check here . . . 5a **b** Balance due (Form 8868, line 3c) 6a Form 990-T check here . . X Form 4720 check here **b** Total tax (Form 4720, Part III, line 1) 7b 7a Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here . . . **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the of entity) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ▼ lauthorize Darrell L. Keller, CPA, PA to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 0 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 10/03/2024 ERO's signature

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990 Part IX, Line 24e

Name
Zola Levitt Ministries, Inc
75-1680391

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Telephone	4,364.	0.	4,364.	0.
Postal, shipping	20,914.	0.	20,914.	0.
Miscellaneous	561.	0.	561.	0.
Tour Expenses	3,815.	0.	3,815.	0.
Bank Charges	31,183.	0.	31,183.	0.
Repairs & Maintenance	1,000.	0.	1,000.	0.
Dues & Subs	4,903.	0.	4,903.	0.
Professional Fees	4,094.	0.	4,094.	0.
Website	54,528.	54,528.	0.	0.
Production-Newsletters	513,039.	506,301.	0.	6,738.
Royalties and permissions	5,630.	5,630.	0.	0.
Answering Service	10,847.	0.	10,847.	0.
Social Media	8,964.	8,964.	0.	0.
Video Tape Production	753,135.	753,135.	0.	0.
Total to Form 990, Part IX, line 24e	1,416,977.	1,328,558.	81,681.	6,738.